

No. **C 150100**

**Due no later than July 31, 2005**  
**Annual Report Form**

2. Registered Agent and Office **NO PO BOX**

ALLEN LESTER  
1394 MOJAVE ST  
IDAHO FALLS, ID 83404

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

AGL INSURANCE, INC.  
1394 MOJAVE ST  
IDAHO FALLS, ID 83404

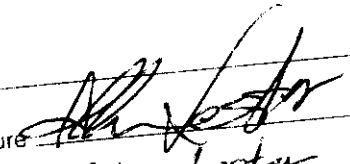
3. New Registered Agent Signature

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Allen Lester	1394 Mojave St.	Idaho Falls	ID	83404
Secretary	Jemell Lester	" "	" "	" "	" "

5. Organized Under the Laws of:  
**IDAHO**  
**C 150100**

6. Signature 

Name (Typed or Printed) **Allen Lester**

Date **5/9/05**

Title **President**

200507003395

**Do Not Tape or Staple**