


No. C 97295	Due no later than Jan 31, 2001		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		JAN CHRISTENSEN													
	1. Mailing Address - Correct in this box, if applicable GEM INSURANCE AGENCY, INC. JAN CHRISTENSEN PO BOX 5538 BOISE, ID 83705 0538		1515 SHOSHONE ST BOISE, ID 83705 3. <u>New</u> Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>Pres/CEO</td> <td>JAN CHRISTENSEN</td> <td>655 E CONGRESS ST.</td> <td>BOISE</td> <td>ID</td> <td>83704</td> </tr> </tbody> </table>					<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres/CEO	JAN CHRISTENSEN	655 E CONGRESS ST.	BOISE	ID	83704
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>											
Pres/CEO	JAN CHRISTENSEN	655 E CONGRESS ST.	BOISE	ID	83704											
5. Organized Under the Laws of: IDAHO C 97295		6.  Signature _____ Date <u>11/15/00</u> Name (Typed or Printed) <u>JAN CHRISTENSEN</u> Title: <u>Pres/CEO</u>														

Issued 11/01/2000

Do Not Tape or Staple

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