lo. C 4529	6	Annual Report Form Due No Later Than November 30,	1999 2. Registered	Agent and Office NOT A P.O. E	30X
leturn to: SECRETARY OF STA		1. Mailing Address - Please Correct, If Not Correct 221 EAST MAIN S		D. LIKKEL	
700 WEST JEFFERSO PO BOX 83720	- + -	KEL INSURANCE AGENCY,	INC	Wat Wath 21"	
NO FEE REQUIRED	1 224	Y D. LIKKEL EAST MAIN	GRANG	EVILLE ID 835	30
			3. Organized	Under the Laws of:	
* FIRST NOT:	CE * GRAI	NGEVILLE ID 83530	ID	C 45296	
	Names and Business Ampanies: Enter Names	Addresses of President, Secretary and Direction Addresses of Managers or N	ctors lembers (check one)	C 43270	
Office held	<u>Name</u>	Street or P.O. Address	City	State Zin	
President	Gary D Likkel	221 Fast Main Street	Grangevill		
Secretary	Marilyn M Scho	00 Rt. 2 Box 533	Grangevill	le, ID 83530 le, ID 83530	
		6. CO	Grangevill	le, ID 83530	
		6. Signature 1	Grangevill	le, ID 83530	
Signature of New F	Registered Agent	6. CO	Grangevill	le, ID 83530	
Signature of New F		6. Signature 1	Grangevill	te 7-15-99	
Signature of New F	Registered Agent	6. Signature 1	Grangevill	te	
Signature of New F	Registered Agent	6. Signature 1	Grangevill	te	