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| No. <b>C122903</b>                                                                                                                                                                                                                    | <b>Annual Report Form 1999</b><br>Due No Later Than November 30,                                                                                     |                                                                                                                                 | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>                                                                                                            |                                           |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br>NO FEE REQUIRED<br>* FIRST NOTICE *                                                                                             | 1. Mailing Address - Please Correct, If Not Correct<br><b>JAMES BURGESS LOSS CONTROL S</b><br><b>1547 W ODEN BAY RD</b><br><b>SANDPOINT ID 83864</b> |                                                                                                                                 | <b>PAUL WILLIAM VOGEL</b><br><b>212 N FIRST AV</b><br><b>STE G-100</b><br><b>SANDPOINT ID 83864</b><br><br>3. Organized Under the Laws of:<br><b>ID C122903</b> |                                           |
| Corporations: Enter Names and Business Addresses of President, Secretary and Directors<br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) |                                                                                                                                                      |                                                                                                                                 |                                                                                                                                                                 |                                           |
| <u>Office held</u><br>PRESIDENT<br>SEC/TREASURER                                                                                                                                                                                      | <u>Name</u><br>JAMES BURGESS<br>JEANNE BURGESS                                                                                                       | <u>Street or P.O. Address</u><br>1547 W. Oden Bay Rd.<br>SAME                                                                   | <u>City</u><br>SANDPOINT<br>ID                                                                                                                                  | <u>State</u><br>ID<br><u>Zip</u><br>83864 |
| Signature of New Registered Agent                                                                                                                                                                                                     |                                                                                                                                                      | 6. Signature <u>James M Burgess</u> Date <u>9-2-99</u><br>Name (Typed or Printed) <u>James M Burgess</u> Title <u>President</u> |                                                                                                                                                                 |                                           |
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