

No. C109138	Annual Report Form Due No Later Than November 30, 1999	2. Registered Agent and Office NOT A P.O. BOX C ROBERT FARRER 1335 SOUTH HOLMES IDAHO FALLS ID 83401
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct C.R. FARRER INSURANCE AGENCY C ROBERT FARRER 1335 SOUTH HOLMES	3. Organized Under the Laws of: ID C109138
* FIRST NOTICE *		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>President</u>	<u>Carl R. Farrer Jr.</u>	<u>1335 So. Holmes</u>
<u>Secretary</u>	<u>Deborah J. Farrer</u>	<u>249 Brooks. So Dr.</u>
<u>Idaho Falls</u>	<u>ID</u>	<u>83401</u>
<u>Idaho Falls</u>	<u>ID</u>	<u>83401</u>
5. Signature of New Registered Agent		
6. Signature <u><i>C. Robert Farrer</i></u> Date <u>9/21/99</u> Name (Typed or Printed) <u>C. Robert Farrer</u> Title <u>President</u>		

ISSUED: 07-03-1999

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