No.	C106033		nnual Report Form lo Later Than November 30.	1999	2. Registered Agent a	and Office NO	OT A P.O. BOX	
Return to: # SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **		1. Mailing Address KEYCORP	Please Correct, If Not Correct INSURANCE AGENCY	US 4	CT CORPOI	H ST		
		MAAMRIT 702 W ID	MAAMRIT SAVITO 702 w idaho 4th floor			BOISE ID 83701 3. Organized Under the Laws of:		
		* BOISE	to 8370:	3	ID	c 1	06033	
Liim	nited Liability Companies:		of President, Secretary and Diresses of Managers or		check one)			
Offi	ice held Nan	<u>e</u>	Street or P.O. Address		City	State	Zio	
			27 Public Sq. 127 Public Sq.		Cleveland, Cleveland,	OH OH	44114 44114	
Dire	ector James E	Bennett	127 Public Sq.		Cleveland,	OH	44114	
Pres	sident Carol 1	. Davenport	127 Public Sq.		Cleveland.	OH	44114	
Secr	retary William	J. Blake	127 Public Sq.		Cleveland,	OH	44114	
5. New	Registered Agent Sig	nature 6.						
inniteditatio i		Sig	Inature Williamy		Date	12-24-9	9	
		Na	me (Typed or <u>William J.</u>	Blake_	Title	<u>Secreta</u>	cy ,	
	ISSUED: 10-01	-1999				8381		
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