

No. **C 146662**

Due no later than December 31, 2005

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

## Annual Report Form

## 1. Mailing Address - Correct in this box, if applicable

TOM WOODS INSURANCE, INC.  
308 MAIN ST  
LEWISTON, ID 83501EDWIN LITTENEKER  
322 MAIN ST  
LEWISTON, ID 83501**NO FILING FEE IF  
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

| <u>Office held</u> | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> |
|--------------------|-------------|-------------------------------|-------------|--------------|------------|
| President          | Tom Woods   | 624 21st Ave                  | Lewiston    | ID           | 83501      |
| Secretary          | Carey Woods | 624 21st Ave                  | Lewiston    | ID           | 83501      |

5. Organized Under the Laws of:

IDAHO  
C 146662

6.

Signature

Tom Woods

Date

10/17/05

Name

(Typed or  
Printed)

TOM WOODS

Title

President

Issued 10/03/2005

Do Not Tape or Staple

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