

No. C 30499

Due no later than January 31, 2008
Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:
SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

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

MARTIN INSURANCE, INCORPORATED
MICHAEL L MARTIN
P. O. BOX 699
LEWISTON, ID 83501

MICHAEL L MARTIN
1122 IDAHO STREET
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	Michael Martin	1122 Idaho St P.O. Box 699	Lewiston	Id	83501
Secy/Treas	Ann M Grimm	"	"	"	"

5. Organized Under the Laws of:

IDAHO
C 30499

6.

Signature

Janet Martin

Date

11/16/07

Name (Typed or Printed)

Janet Martin

Title

Bookkeeper