No. **C 146662**	**Due no later than Dec 31, 2009** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** TOM WOODS INSURANCE, INC. THOMAS V WOODS 308 MAIN ST LEWISTON ID 83501 USA	EDWIN L LITTENEKER 322 MAIN ST LEWISTON ID 83501 3. New Registered Agent Signature:*

4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	THOMAS V WOODS	308 MAIN ST	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 146662**	Signature: Thomas V Woods	Date: 01/11/2010
	Name (type or print): Thomas V Woods	Title: President

Processed 01/11/2010

* Electronically provided signatures are accepted as original signatures.