

No. C 140093	Due no later than Jul 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX KATHLEEN CORBARI 6900 OVERLAND RD BOISE, ID 83709												
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 applicable KATHLEEN CORBARI INSURANCE AGENCY, KATHLEEN CORBARI 6900 OVERLAND RD BOISE, ID 83709		3. <u>New</u> Registered Agent Signature												
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border: none;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;"> President now → Rankin </td> <td style="vertical-align: top;"> Kathleen Corbari </td> <td style="vertical-align: top;"> 6900 Overland Rd. </td> <td style="vertical-align: top;"> Boise </td> <td style="vertical-align: top;"> ID </td> <td style="vertical-align: top;"> 83709 </td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President now → Rankin	Kathleen Corbari	6900 Overland Rd.	Boise	ID	83709
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5. Organized Under the Laws of: IDAHO C 140093		6. <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;"> Signature <u>Kathleen Corbari</u> </td> <td style="width: 50%;"> Date <u>5/15/03</u> </td> </tr> <tr> <td> Name (Typed or Printed) <u>KATHLEEN Corbari</u> </td> <td> Title <u>Owner/President</u> </td> </tr> </table>		Signature <u>Kathleen Corbari</u>	Date <u>5/15/03</u>	Name (Typed or Printed) <u>KATHLEEN Corbari</u>	Title <u>Owner/President</u>								
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