No. C 146662	Due no later than December 31, 2004	2. Registered Agent and Office NO PO BOX
Return to: SECRETARY OF STATE	Annual Report Form  1. Mailing Address - Correct in this box, if applicable  TOM WOODS INSURANCE, INC.  322 MAIN ST.  LEWISTON, ID 83501	EDWIN L LITTENEKER 322 MAIN ST LEWISTON, ID 83501
NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature
4. Corporations: Enter Nar	mes and Business Addresses of President, Secreta	ary and Directors.
Office held Name	Street or P.O. Address City	
President, Thomas Secretary, Carey	V. Woods, 308 Main St., Lewisto Woods, 308 Main Str., Lewiston,	on, ID 83501 ID 83501
President, Thomas Secretary, Carey	V. Woods, 308 Main St., Lewiston, Woods, 308 Main Str., Lewiston,	on, ID 83501 ID 83501
President, Thomas Secretary, Carey  5. Organized Under the Laws of:  IDAHO C 146662	V. Woods, 308 Main St., Lewiston,  Woods, 308 Main Str., Lewiston,  6. Signature / Name / Name Trinsport  Name Trinsport  Name Trinsport  THOMAS V, WOO	ID 83501