

|  |             |  |               |   |         |  |  |
|--|-------------|--|---------------|---|---------|--|--|
| No. <b>C 88277</b>   |             | <b>Due no later than Dec 31, 2009</b><br><b>Annual Report Form</b>   |               | 2. Registered Agent and Address ( <b>NO PO BOX</b> )          |         |  |  |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |             | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>KAYSER INSURANCE AGENCY, INC.<br>GARY MICHAEL MILLER<br>BOX 1538<br>BONNERS FERRY ID 83805<br>USA |               | GARY MICHAEL MILLER<br>7156 MAIN ST<br>BONNERS FERRY ID 83805 |         |  |  |
|  |             |  |               |   |         | 3. <u>New</u> 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  | GARY MILLER | 7156 MAIN ST PO BOX 1538   | BONNERS FERRY | ID  | USA     | 83805                                      |  |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>C 88277</b>   |             | 6. Annual Report must be signed.*<br><br>Signature: Mike Miller<br>Name (type or print): Mike Miller   |               |   |         |  |  |
|  |             | Date: 01/13/2010<br>Title: President   |               |   |         |  |  |
| Processed 01/13/2010      * Electronically provided signatures are accepted as original signatures.  |             |  |               |   |         |  |  |