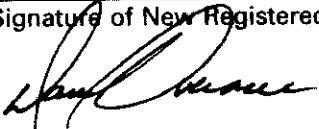
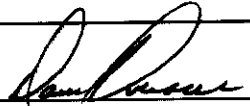


No. <b>C 97086</b>	<b>Annual Report Form</b> Due No Later Than November 30, 1999	2. Registered Agent and Office NOT A P.O. BOX  <b>DAVID T OVERACRE</b> <b>525 JEFFERSON ST</b>  <b>KIMBERLY ID 83341</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1 Mailing Address - Please Correct, If Not Correct  <b>OVERACRE INSURANCE AGENCY, INC.</b> <del>FLORA RUTH OVERACRE</del> <b>P O BOX "R"</b>  <b>KIMBERLY ID 83341</b>	3. Organized Under the Laws of:  <b>ID C 97086</b>
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>President</u>	<u>DAVID T. OVERACRE</u>	<u>P.O. Box R.</u>
<u>Vice President</u>	<u>TRINA K. PLEW</u>	<u>P.O. Box R</u>
<u>Secretary</u>	<u>CHRISTINA M. OVERACRE</u>	<u>P.O. Box R.</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
<u>KIMBERLY</u>	<u>ID</u>	<u>83341</u>
<u>KIMBERLY</u>	<u>ID</u>	<u>83341</u>
<u>KIMBERLY</u>	<u>ID</u>	<u>83341</u>
5. Signature of New Registered Agent  		6. Signature  Date <u>7/13/99</u> Name (Typed or Printed) <u>David Overacre</u> Title <u>President</u>
ISSUED: 07-03-1999		7064