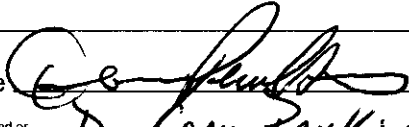


No. C 111641	Due no later than Aug 31, 2001		2. Registered Agent and Office NO PO BOX																	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form 1. Mailing Address - Correct in this box, if applicable PERKINS INSURANCE AGENCY, INC. D CORRY PERKINS 340 N ORCHARD BOISE, ID 83706		KARL T KLEIN 277 N 6TH ST STE 200 BOISE, ID 83702 3. <u>New</u> Registered Agent Signature																	
	4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>D. Corry PERKINS</td> <td>340 N. Orchard</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> <tr> <td>SECRETARY</td> <td>TAMMY R. PERKINS</td> <td>12096 W. Longfellow</td> <td>Boise</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	D. Corry PERKINS	340 N. Orchard	Boise	ID	83706	SECRETARY	TAMMY R. PERKINS	12096 W. Longfellow	Boise	ID
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5. Organized Under the Laws of: IDAHO C 111641	6. Signature  Date <u>6/17/01</u> Name (Typed or Printed) <u>D. Corry Perkins</u> Title <u>President</u>																			

Issued 06/01/2001

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