

No. C 32779		Due no later than Jun 30, 2007		2. Registered Agent and Address (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 needed. ROSSI INSURANCE COMPANY HARRY F. MAGNUSON P. O. BOX 439 WALLACE ID 83873		WALTER M. GOODSEN 602 BANK STREET WALLACE ID 83873		
				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	WALTER M. GOODSEN	E. 18117 FRISCO CRT.	COEUR D'ALENE	ID	USA	83815
PRESIDENT	MICHAEL J. MURRAY	PO BOX 507	MULLAN	ID	USA	83846
SECRETARY	KIMBERLY J. SAMUELSON	219 W. CAMERON AVE.	KELLOGG	ID	USA	83837
DIRECTOR	JEFFREY WILKINS	PO BOX 2184	COEUR D'ALENE	ID	USA	83816
DIRECTOR	H. JAMES MAGNUSON	PO BOX 469	WALLACE	ID	USA	83873
DIRECTOR	HARRY F. MAGNUSON	PO BOX 469	WALLACE	ID	USA	83873
DIRECTOR	JOHN MAGNUSON	PO BOX 469	WALLACE	ID	USA	83873
TREASURER	KIMBERLY J. SAMUELSON	219 W. CAMERON AVE.	KELLOGG	ID	USA	83837
5. Organized Under the Laws of: IDAHO C 32779		6. Annual Report must be signed.* Signature: Kimberly Samuelson Name (type or print): Kimberly Samuelson Date: 04/12/2007 Title: Secretary/Treasurer				
Processed 04/12/2007		* Electronically provided signatures are accepted as original signatures.				