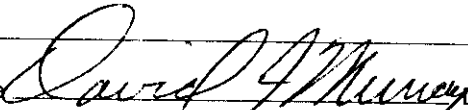


No. C 139089	Due no later than May 31, 2003 Annual Report Form		2. Registered Agent and Office NO PO BOX																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable MURRAY INSURANCE, INC. DAVID J. MURRAY 302 THAIN RD STE A LEWISTON, ID 83501		DAVID J. MURRAY 302 THAIN RD STE A LEWISTON, ID 83501																		
			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><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President</td> <td>David Murray</td> <td>2215 Schaefer Dr</td> <td>Clarkston</td> <td>WA</td> <td>99403</td> </tr> <tr> <td>Sec/Tres.</td> <td>Kristi Murray</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President	David Murray	2215 Schaefer Dr	Clarkston	WA	99403	Sec/Tres.	Kristi Murray	" " "	"	"	"
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Sec/Tres.	Kristi Murray	" " "	"	"	"																
5. Organized Under the Laws of: IDAHO C 139089	6. Signature  Date <u>4/15/04</u> Name (Typed or Printed): <u>David Murray</u> Title <u>President</u>																				