

No. C 30499

Due no later than January 31, 2007
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

1. Mailing Address - Correct in this box, if applicable

MARTIN INSURANCE, INCORPORATED
MICHAEL L MARTIN
P. O. BOX 899
LEWISTON, ID 83501

MICHAEL L MARTIN
1122 IDAHO STREET
LEWISTON, ID 83501

NO FILING FEE IF
RECEIVED BY DUE DATE

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Michael L Martin	SAME AS ABOVE			
Secretary	Ann M Grimm				

5. Organized Under the Laws of:
IDAHO
C 30499

6.

Signature

Name

(Typed or
Printed)

Michael L Martin

Date

12/27/06

Title

President