

No. **C 73035**

**Due no later than June 30, 2004**  
**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

PEDERSEN INSURANCE, INC.  
JOHN PEDERSEN  
16 N 700 E #17  
AMERICAN FORK, ID 84003

**WILSON, HARRIS & CO.**  
David W. Hammons  
1602 W. Franklin St., Suite B  
Boise, Idaho 83702

**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.

Office held

Name

Street or P.O. Address

City

State

Zip

**PRESIDENT JOHN T. PEDERSEN**  
**16 N. 700 E. #17**  
**AMERICAN FORK**  
**UT**  
**84003**

5. Organized Under the Laws of:

IDAHO  
C 73035

6.

Signature

*John T. Pedersen*

Date

**8 APRIL 2004**

Name (Typed or Printed)

**JOHN T. PEDERSEN**

Title

**PRESIDENT**