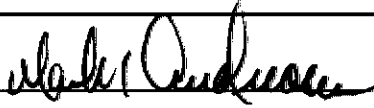


No. C 74509	Annual Report Form Due No Later Than November 30, 1999	2. Registered Agent and Office NOT A P.O. BOX MARK L. ANDREASEN 30 EAST 2ND SOUTH SODA SPRINGS ID 83276
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct MOUNTAIN STATES INSURANCE GR MARK L. ANDREASEN P. O. BOX 795	3. Organized Under the Laws of: ID C 74509
* FIRST NOTICE *		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
President	Mark L. Andreasen	12235 N. Hwy 34, -
Secretary	Karen K. Andreasen	12235 N. Hwy 34
	Preston	ID 83263
	Preston	ID 83263
5. Signature of New Registered Agent		6. Signature <u></u> Date <u>7-13-99</u> Name (Typed or Printed) <u>Mark L. Andreasen</u> Title <u>President</u>

ISSUED: 07-03-1999

3077