

No. C 99902	Due no later than Oct 31, 2002 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 HERNDON INSURANCE AGENCY, INC. JOHN BLAYDEN 616 MAIN ST SALMON, ID 83467	JOHN M BLAYDEN 616 MAIN ST SALMON, ID 83467 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>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRES</td> <td>JOHN BLAYDEN</td> <td>712 LOMBARD</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>SECRETARY</td> <td>STEFANI BLAYDEN</td> <td>712 LOMBARD</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	PRES	JOHN BLAYDEN	712 LOMBARD	SALMON	ID	83467	SECRETARY	STEFANI BLAYDEN	712 LOMBARD	SALMON	ID	83467
Office held	Name	Street or P.O. Address	City	State	Zip															
PRES	JOHN BLAYDEN	712 LOMBARD	SALMON	ID	83467															
SECRETARY	STEFANI BLAYDEN	712 LOMBARD	SALMON	ID	83467															
5. Organized Under the Laws of: IDAHO C 99902	6. Signature <u>Stefani Blayden</u> Date <u>10/19/02</u> Name (Typed or Printed) <u>STEFANI BLAYDEN</u> Title <u>SEC/TRES</u>																			