

No. C 18346

Due no later than December 31, 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

IDAHO INSURANCE AGENCY, INC.  
ROBERT E KELLER  
BOX 259  
LEWISTON, ID 83501

ROBERT E. KELLER  
1010 17TH ST.  
LEWISTON, ID 83501

3. New Registered Agent Signature

NO FILING FEE IF  
RECEIVED BY DUE DATE

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

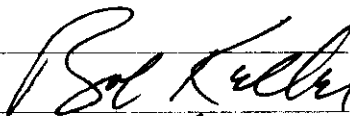
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES	ROBERT E KELLER	2606 SUNSET DR	LEWISTON	ID	83501
S-T	MARIAN E KELLER	2304 SUNSET DR	LEWISTON	ID	83501

5. Organized Under the Laws of:

IDAHO  
C 18346

6.

Signature



Date

12-18-04

Name (Typed or  
initials)

Bob Keller

Title

Pres.