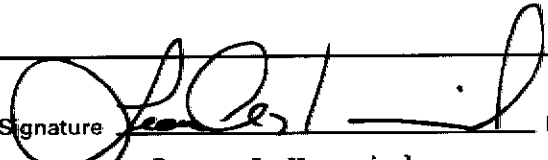


No. C114821	Annual Report Form <i>Due No Later Than November 30,</i> 1999		2. Registered Agent and Office NOT A P.O. BOX LEON A HENRICHS 120 S STATE PRESTON ID 83263	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct LEON A. HENRICHS INSURANCE A LEON A HENRICHS 120 S STATE PRESTON ID 83263		3. Organized Under the Laws of: ID C114821	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
President	Leon A Henrichs	120 S State	Preston	ID 83263
Secretary	Judy A Henrichs	120 S State	Preston	ID 83263
Director	Leon A Henrichs	120 S State	Preston	ID 83263
5. Signature of New Registered Agent		6.  Signature _____ Date <u>7/15/99</u> Name (Typed or Printed) <u>Leon A Henrichs</u> Title <u>President</u>		

ISSUED: 07-03-1999

2916