| No. C 96970  | Due no later than December 31, 2003  Annual Report Form  1 Mailing Address - Correct in this box of applicable DAISS INSURANCE AGENCY, INC. VIVIAN A DAISS PO BOX 703 |                             | 2. Registered Agent and Office NO PO BOX            |                              |
|--|---|-----------------------------|---|------------------------------|
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |   |                             | VIVIAN A DAISS<br>905 MAIN STREET<br>BUHL, ID 83316 |                              |
| NO FILING FEE IF<br>RECEIVED BY DUE DATE   | BUHL, ID 83316  |                             | 3. New Registered A                                 | gent Signature               |
|  | nes and Business Addresses of Presi   | ident, Secretary            | and Directors.                                      |                              |
| Office held Name Pres. VIVIAN A. Of ScolTreas Debra L. Chr                                     | Street or P.O. Address Aics P.O. Box 703 stophersen P.O. Box 703  | <u>city</u><br>Buhl<br>Buhl | <u>State</u><br>ID<br>IO                            | <u>zip</u><br>83316<br>83316 |
| 5. Organized Under the Laws of:<br>IDAHO<br>C 96970  | 6. Signature Debra L  Name Profesor   |                             |   |                              |
| Issued 10/01/2003  | Do Not Tape or St   |                             |   | 303                          |