

No. C 146662

Due no later than December 31, 2007
Annual Report Form

2. Registered Agent and Office NO PO BOX

EDWIN L LITTENEKER
322 MAIN ST
LEWISTON, ID 83501

3. New Registered Agent Signature

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TOM WOODS INSURANCE, INC.
308 MAIN ST
LEWISTON, ID 83501

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>
President	Thomas V. Woods	624 21st Ave	Lewiston	ID	83501
Secretary	Carey A. Woods	624 21st Ave	Lewiston	ID	83501

5. Organized Under the Laws of:

IDAHO
C 146662

6.

Signature

Thomas V. Woods

Date

10/11/07

Name

(Typed or
Printed)

Thomas V. Woods

Title

President

Issued 10/01/2007

Do Not Tape or Staple

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