

No. <b>C 119748</b>		<b>Due no later than Jun 30, 2009</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  FOELLER INSURANCE, INC. PAUL G FOELLER 300 S IDAHO ST POST FALLS ID 83854 USA		SHERRY MORRISON 417 N HENRY ST POST FALLS ID 83854			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	PAUL G FOELLER	504 E SELTICE WAY, #C	POST FALLS	ID	USA	83854	
SECRETARY	PAUL G FOELLER	504 E SELTICE WAY, #C	POST FALLS	ID	USA	83854	
PRESIDENT	PAUL G FOELLER	504 E SELTICE WAY, #C	POST FALLS	ID	USA	83854	
5. Organized Under the Laws of:  <b>ID</b> <b>C 119748</b>		6. Annual Report must be signed.*  Signature: Paul G Foeller Name (type or print): Paul G Foeller					
		Date: 04/16/2009 Title: President					
Processed 04/16/2009		* Electronically provided signatures are accepted as original signatures.					