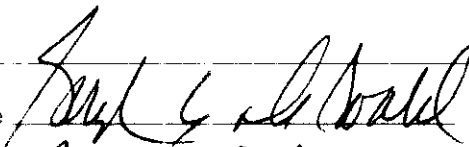


No. C 111620	Due no later than August 31, 2005		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		BERYL E DEBOARD 1000 MAIN ST SALMON, ID 83467												
	1. Mailing Address - Correct in this box, if applicable DEBOARD INSURANCE, INC. BERYL E DEBOARD 1000 MAIN ST SALMON, ID 83467														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="0"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>SEC-TREAS</td> <td>BERYL E. DEBOARD</td> <td>1000 MAIN</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	SEC-TREAS	BERYL E. DEBOARD	1000 MAIN	SALMON	ID	83467
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
SEC-TREAS	BERYL E. DEBOARD	1000 MAIN	SALMON	ID	83467										
5. Organized Under the Laws of: IDAHO C 111620	6.  Signature _____ Date <u>June 7, 2005</u> Name <u>BERYL E. DEBOARD</u> Title <u>SEC-TREAS</u>														

Issued 06/01/2005

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