No. <b>C 96970</b>		Due no later than Dec 31, 2009		2. Registered Agent and Address (NO PO BOX)			
Return to:	P P	Annual Report Form		VIVIAN A DAISS 905 MAIN STREET BUHL ID 83316  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	DAISS INSURAN VIVIAN A DAIS PO BOX 703	1. Mailing Address: Correct in this box if needed.  DAISS INSURANCE AGENCY, INC.  VIVIAN A DAISS PO BOX 703  BUHL ID 83316					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names an	d Business Addresses of P	resident, Secretary, and Directors. Tre	easurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	A L CHRISTOPHERSEN N A DAISS	905 MAIN ST 905 MAIN ST	BUHL BUHL	ID ID	USA USA	83316 83316	
5. Organized Under the Laws of: 6. Annual Repo		must be signed.*					
ID	Signature: Deb	Signature: Debra Christophersen		Date: 10/16/2009			
C 96970	Name (type or	Name (type or print): Debra Christophersen		Title: Sec/Treas-Office manager			
Processed 10/16/2009	* Electronically pro	* Electronically provided signatures are accepted as original signatures.					