

No. C 88277	Due no later than December 31, 2005 Annual Report Form																
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address - Correct in this box, if applicable KAYSER INSURANCE AGENCY, INC. GARY MICHAEL MILLER BOX 1538 BONNERS FERRY, ID 83805		2. Registered Agent and Office NO PO BOX GARY MICHAEL MILLER 7001 MAIN ST <i>7156 Main</i> BONNERS FERRY, ID 83805														
NO FILING FEE IF RECEIVED BY DUE DATE			3. New Registered Agent Signature														
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="text-align: left; width: 15%;"><u>Office held</u></th> <th style="text-align: left; width: 15%;"><u>Name</u></th> <th style="text-align: left; width: 30%;"><u>Street or P.O. Address</u></th> <th style="text-align: left; width: 15%;"><u>City</u></th> <th style="text-align: left; width: 15%;"><u>State</u></th> <th style="text-align: left; width: 15%;"><u>Zip</u></th> </tr> <tr> <td>Pres</td> <td>Mike Miller</td> <td>PD Box 1538</td> <td>B.F.</td> <td>Id</td> <td>83805</td> </tr> </table>						<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres	Mike Miller	PD Box 1538	B.F.	Id	83805
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>												
Pres	Mike Miller	PD Box 1538	B.F.	Id	83805												
5. Organized Under the Laws of: IDAHO C 88277		6. Signature <i>Mike Miller</i> Date <i>10/18/05</i> Name <small>(Typed or Printed)</small> <i>Mike Miller</i> Title <i>Pres</i>															

Issued 10/03/2005

Do Not Tape or Staple

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