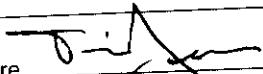


| | | | |
|--|---|---|--|
| No. C 109212 | Due no later than January 31, 2006 Annual Report Form | | 2. Registered Agent and Office NO PO BOX TIM JENESON 540 FIRST AVE NORTH STE 202 KETCHUM, ID 83340 |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address - Correct in this box, if applicable TIM JENESON INSURANCE AGENCY, INC. TIM JENESON PO BOX 477 KETCHUM, ID 83340 | | 3. <u>New</u> Registered Agent Signature |
| 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 | Tim JENESON | PO Box 1598 | Hailey ID 83333 |
| Secretary | Nancy JENESON | PO Box 1598 | Hailey ID 83333 |
| Director | Tim JENESON | PO Box 1598 | Hailey ID 83333 |
| Director | Nancy JENESON | PO Box 1598 | Hailey ID 83333 |
| 5. Organized Under the Laws of: IDAHO C 109212 | | 6. Signature  Date <u>11-22-05</u> Name (Typed or Printed) <u>TIM JENESON</u> Title <u>Pres</u> | |

200601003993

Do Not Tape or Staple

Issued 11/01/2005