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|---|---|---|
| No. <b>C108156</b>  | <b>Annual Report Form</b><br>Due No Later Than November 30, <b>1999</b>   | 2. Registered Agent and Office <b>NOT A P.O. BOX</b><br><br><b>NICHOLAS J ANDROLEWICZ</b><br><del>890 N COLE RD #A</del><br><del>9554 LINDEN RD</del><br><del>BOISE</del> <b>Nampa</b> ID <del>83704</del> <b>83687</b> |
| Return to:<br><b>SECRETARY OF STATE</b><br><b>700 WEST JEFFERSON</b><br><b>PO BOX 83720</b><br><b>BOISE, ID 83720-0080</b><br><br><b>NO FEE REQUIRED</b>  | 1. Mailing Address: <input type="checkbox"/> Please Correct <input checked="" type="checkbox"/> Not Correct<br><br><b>INDEPENDENT INSURANCE SALES</b><br><b>NICHOLAS J ANDROLEWICZ</b><br><del>890 N COLE RD #A</del><br><del>9554 LINDEN RD</del> <b>83687-8016</b><br><del>BOISE Nampa</del> ID <del>83704</del> <b>83687</b> | 3. Organized Under the Laws of:<br><br>ID <b>C108156</b>  |
| * <b>FIRST NOTICE</b> *   |   |   |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) |   |   |
| <u>Office held</u>  | <u>Name</u>   | <u>Street or P.O. Address</u>   |
| <u>City</u>   | <u>State</u>  | <u>Zip</u>  |
| <b>President,</b>   | <b>Nick J ANDROLEWICZ,</b>  | <b>9554 LINDEN Nampa, ID 83687-8016</b>   |
| <b>Director,</b>  | <b>Elizabeth ANDROLEWICZ,</b>   | <b>SAME AS ABOVE</b>  |
| <b>Secretary,</b>   | <b>DALE WATT,</b>   | <b>P.O. Box 373, Nampa, ID 83653</b>  |
| 5. Signature of New Registered Agent  |   | 6.  |
|   |   | Signature  Date <b>7-26-99</b><br>Name (Typed or Printed) <b>Nick ANDROLEWICZ</b> Title <b>President</b>                               |

ISSUED: 07-03-1999

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