

<b>No. C 86863</b>	<b>Due no later than June 30, 2004</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>  MICHAEL S MAY <del>2005 N. GOLF ROAD, #201</del> BOISE, ID <del>83704-3043</del> <b>83705-1243</b> <b>611 S ORCHARD ST</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable  MICHAEL S. MAY INSURANCE AGENCY INC MICHAEL S MAY <del>2005 N. GOLF ROAD, #201</del> <b>611 S ORCHARD ST</b> BOISE, ID <del>83704-3043</del> <b>83705-1243</b>	3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.
 

Office held	Name	Street or P.O. Address	City	State	Zip
President	MICHAEL S. MAY	611 S ORCHARD ST	BOISE	ID	83705-1243
Secretary	Lesli K. May	611 S. ORCHARD ST	BOISE	ID	83705-1243

5. Organized Under the Laws of:  <div style="text-align: center;">IDAHO C 86863</div>	6. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Signature <u>Michael S. May</u></td> <td style="width: 50%;">Date <u>4-8-04</u></td> </tr> <tr> <td>Name (Typed or Printed) <u>MICHAEL S. MAY</u></td> <td>Title <u>PRESIDENT</u></td> </tr> </table>	Signature <u>Michael S. May</u>	Date <u>4-8-04</u>	Name (Typed or Printed) <u>MICHAEL S. MAY</u>	Title <u>PRESIDENT</u>
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