No. C 134623	Due no later than Jun 30, 2002	2. Registered Agent and Office NO PO BOX
	Annual Report Form	MAX S NIELD
Return to: SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	4840 N ROSEPOINT WAY STE B
700 WEST JEFFERSON	M. SID NIELD INSURANCE AGENCY, INC.	1010 11 11 00EF 01111 11/11 01E B
PO BOX 83720	MAX S NIELD	BOISE, ID 83713
BOISE, ID 83720-0080	4840 N ROSEPOINT WAY STE B	20102,12 30110
,		3. New Registered Agent Signature
NO FILING FEE IF	BOISE, ID 83713	10. Negistered Algerit Digitalisis
RECEIVED BY DUE DATE		
4 Corporations: Enter Na	mes and Business Addresses of President, Secreta	ary and Directors.
055 1.11 11	Ctrust on D.O. Address	n. State 7ie
secretary Victio	Street or P.O. Address Vield 4840 N. Rosipoint Way St. B. L Nield 4840 N. Rosipoint Way	
5. Organized Under the Laws of: [DAHO]	6. Signature May Month	Date 4/16/02
5	6. Signature My Muld Name Printed) Name Printed)	Date 4/16/02 Title 10/16/02 3772