

No. C 124467

Due no later than June 30, 2007

Annual Report Form

2. Registered Agent and Office NO PO BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

KRUSE INSURANCE OF BOISE, INC.

KIP B KRUSE

~~3415 N CRESWELL WAY,~~ 4897 N. RED HILLS AVE.~~BOISE, ID 83713~~

MERIDIAN, ID. 83646

KIP B KRUSE

~~3415 N CRESWELL WAY~~~~BOISE, ID 83713~~

4897 N. RED HILLS AVE.

MERIDIAN, ID. 83646

3. New Registered Agent Signature

NO FILING FEE IF

RECEIVED BY DUE DATE

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	KIP B. KRUSE	4897 N. RED HILLS AVE.,	MERIDIAN,	ID.	83646
SECRETARY	SAYLE J. KRUSE	4897 N. RED HILLS AVE.,	MERIDIAN,	ID.	83646

5. Organized Under the Laws of:

IDAHO
C 124467

6.

Signature

Kip B. Kruse

Date

06/14/07

Name

(Typed or
Printed)

KIP B KRUSE

Title

PRESIDENT

Issued 04/02/2007

Do Not Tape or Staple

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