

<b>No. C 59793</b>	<b>Due no later than Nov 30, 2001</b> <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b> JOHN S LANGS 107 EAST KOOTENAI ST BONNERS FERRY, ID 83805
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 JOHN S. LANGS INSURANCE AGENCY, INC  PO BOX 877  BONNERS FERRY, ID 83805		3. <u>New</u> Registered Agent Signature
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u> President Secretary/ Treasurer	<u>Name</u> JOHN S. LANGS Rebecca C Langs	<u>Street or P.O. Address</u> PO Box 877, BONNERS FERRY, ID 83805 " " " " " " "	<u>City</u> BONNERS FERRY, ID 83805 " " " " " " "
5. Organized Under the Laws of:  IDAHO C 59793		6. Signature <u>John S. Langs</u> Date <u>9/18/04</u> Name (Typed or Printed) <u>JOHN S. LANGS</u> Title <u>President</u>	