

No. C 136189	Due no later than Nov 30, 2002 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address - Correct in this box, if applicable ALLEN INSURANCE AGENCY, INC. PO BOX K COUNCIL, ID 83612	MARYANN ALLEN 203 MICHIGAN AVE COUNCIL, ID 83612 3. New Registered Agent Signature											
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td></td> <td>President Maryann Allen</td> <td>203 MICHIGAN AVE</td> <td></td> <td></td> <td>COUNCIL ID 83612</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>		President Maryann Allen	203 MICHIGAN AVE			COUNCIL ID 83612
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>									
	President Maryann Allen	203 MICHIGAN AVE			COUNCIL ID 83612									
5. Organized Under the Laws of: IDAHO C 136189	6. Signature <u>Maryann Allen</u> Date <u>9/9/02</u> Name <small>(Typed or Printed)</small> <u>MARYANN ALLEN</u> Title <u>OWNER</u>													