

No. C 109212

Due no later than Jan 31, 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

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

TIM JENESON INSURANCE AGENCY, INC.  
TIM JENESON  
PO BOX 477TIM JENESON  
540 FIRST AVE NORTH STE 202

KETCHUM, ID 83340

3. New Registered Agent SignatureNO FILING FEE IF  
RECEIVED BY DUE DATE

KETCHUM, ID 83340

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

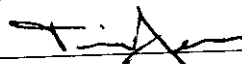
Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	TIM JENESON	PO Box 1598	Hailey	ID	83333
Secretary	NANCY JENESON	" " "	"	"	"
<del>Director</del>	<del>Tim Jeneson</del>	<del>220 Main St</del>	<del>Hailey</del>	<del>ID</del>	<del>83333</del>
<del>Director</del>	<del>Tim Jeneson</del>	<del>220 Main St</del>	<del>Hailey</del>	<del>ID</del>	<del>83333</del>
DIRECTOR	TIM JENESON	PO Box 1598	Hailey	ID	83333
DIRECTOR	NANCY JENESON	" " "	"	"	"
<del>Director</del>	<del>Tim Jeneson</del>	<del>220 Main St</del>	<del>Hailey</del>	<del>ID</del>	<del>83333</del>

5. Organized Under the Laws of:

IDAHO  
C 109212

6.

Signature



Date 12-7-01

Name (Typed or Printed)

TIM JENESON

Title

Pres