

<b>No. C 140962</b>	<b>Due no later than October 31, 2006</b> <b>Annual Report Form</b>	<b>2. Registered Agent and Office NO PO BOX</b>  LYN MORGAN 904 BLUE LAKES BLVD TWIN FALLS, ID 83301																		
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>	<b>1. Mailing Address - Correct in this box, if applicable</b>  MORGAN INSURANCE, INC. PO BOX 3052 TWIN FALLS, ID 83303	<b>3. New Registered Agent Signature</b>																		
<b>4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.</b>																				
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;">Office held</th> <th style="text-align: left; border-bottom: 1px solid black;">Name</th> <th style="text-align: left; border-bottom: 1px solid black;">Street or P.O. Address</th> <th style="text-align: left; border-bottom: 1px solid black;">City</th> <th style="text-align: left; border-bottom: 1px solid black;">State</th> <th style="text-align: left; border-bottom: 1px solid black;">Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Lynette L. Morgan</td> <td>PO Box 3052</td> <td>Twin Falls</td> <td>Id</td> <td>83301</td> </tr> <tr> <td>VP/SecTreas</td> <td>Michael J. Morgan</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>			Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Lynette L. Morgan	PO Box 3052	Twin Falls	Id	83301	VP/SecTreas	Michael J. Morgan	" "	" "	" "	" "
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VP/SecTreas	Michael J. Morgan	" "	" "	" "	" "															
<b>5. Organized Under the Laws of:</b>  IDAHO C 140962	<b>6.</b> Signature <u>Lynette L. Morgan</u> Date <u>10/9/06</u> Name (Typed or Printed) <u>Lynette L. Morgan</u> Title <u>Pres.</u>																			

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