No. C 140093	Due no later than July 31, 2005	0.0
Return to:	Annual Report Form	2. Registered Agent and Office NO PO BC
SECRETARY OF STATE	1. Mailing Address - Correct in this box, if applicable	KATHLEEN CORBARI
700 WEST JEFFERSON	KATHLEEN RANKIN INSURANCE AGENCY J	6900 OVERLAND RD
PO BOX 83720	NATHLEEN CORBARI	BOISE, ID 83709
BOISE, ID 83720-0080	6900 OVERLAND RD BOISE, ID 83709	
NO FILING FEE IF		3. New Registered Agent Signature
RECEIVED BY DUE DATE		Agent Signature
<ol> <li>Corporations: Enter Na</li> </ol>	ames and Business Addresses of D	
Office held Name	ames and Business Addresses of President, Secre	etary and Directors.
	Street or P.O. Address City	State Zin
thesident Kathler	- Lalabara anala 101	State Zip
Ranken	n vioc overmore. Boc	SL 5D 92769
Ranken	n 6900 Overlanded. Box	se 5D 83769
Rankeh  Organized Under the Laws of:	6. 1/000 Sec. Sec.	SE SD 83769
. Organized Under the Laws of: IDAHO	6.	
. Organized Under the Laws of:	6. Signature Kallian Raik	Date 5/5/05
Organized Under the Laws of: IDAHO C 140093	6. Signature Kallian Raik	Date 5/5/05
. Organized Under the Laws of: IDAHO	6. Signature Kallua Rak	Date 5/5/05