

No. C 94831	Annual Report Form Due No Later Than November 30, 1999		2. Registered Agent and Office NOT A P.O. BOX	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct HELP INSURANCE, INC. H. DEAN SUMMERS 1515 SHOSHONE BOISE ID 83705		H. DEAN SUMMERS 1515 SHOSHONE BOISE ID 83705 3. Organized Under the Laws of: ID C 94831	
* FIRST NOTICE *				
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u> <u>Zip</u>
Pres. all officer	H. Dean Summers	P.O. Box 579	Boise	Idaho 83701
5. Signature of New Registered Agent		6. Signature <u>H. Dean Summers</u> Date <u>7-15-99</u>		