

<b>No. C 78207</b>	<b>Due no later than Mar 31, 2003</b> <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b> LYNN D. ARCHIBALD 135 W. MAIN, BOX 96 REXBURG, ID 83440
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>	1. Mailing Address: <small>Correct in this box, if applicable</small> ARCHIBALD INSURANCE CENTER, INC LYNN ARCHIBALD 135 WEST MAIN, BOX 96  REXBURG, ID 83440	3. <u>New</u> Registered Agent Signature

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

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRES.	LYNN D. ARCHIBALD,	73 N. 3RD EAST,	REXBURG,	ID	83440
SEC.	PATRICIA ARCHIBALD,	1171 S. 5TH WEST,	REXBURG,	ID	83440

5. Organized Under the Laws of:  IDAHO C 78207	6. Signature <u>Lynn D. Archibald</u> Date <u>4-9-03</u> Name <small>(Typed or Printed)</small> <u>LYNN D. ARCHIBALD</u> Title <u>PRES</u>
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