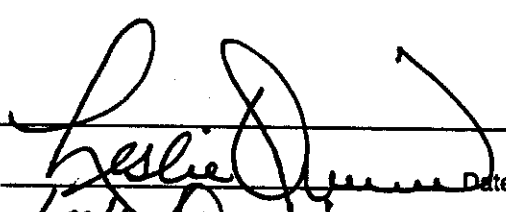


No. C 132035		Due no later than January 31, 2009 Annual Report Form		2. Registered Agent and Office NO PO BOX													
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address - Correct in this box, if applicable LESLIE QUINN INSURANCE AGENCY INC. 10666 OVERLAND RD BOISE, ID 83709		LESLIE QUINN 10666 OVERLAND RD BOISE, ID 83709													
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature													
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																	
<table border="1"><thead><tr><th>Office held</th><th>Name</th><th>Street or P.O. Address</th><th>City</th><th>State</th><th>Zip</th></tr></thead><tbody><tr><td>PRESIDENT</td><td>LESLIE QUINN</td><td>10666 OVERLAND RD.</td><td>BOISE</td><td>ID</td><td>83709</td></tr></tbody></table>						Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	LESLIE QUINN	10666 OVERLAND RD.	BOISE	ID	83709
Office held	Name	Street or P.O. Address	City	State	Zip												
PRESIDENT	LESLIE QUINN	10666 OVERLAND RD.	BOISE	ID	83709												
5. Organized Under the Laws of: IDAHO C 132035		6. Signature  Date 11/12/08 Name (Typed or Printed) LESLIE QUINN Title PRESIDENT															
Issued 11/05/2008		Do Not Tape or Staple		200901002550													