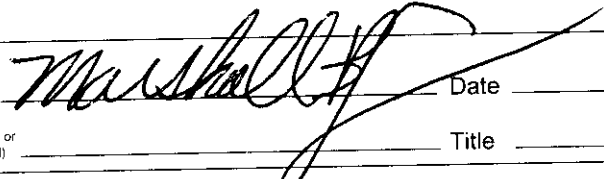


No. C 80163	Due no later than Dec 31, 2001 Annual Report Form		2. Registered Agent and Office NO PO BOX MARSHALL B. EGAN 1248 E 17TH ST IDAHO FALLS, ID 83403																		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address - Correct in this box, if applicable EGAN INSURANCE AGENCIES, INC. MARSHALL B. EGAN P. O. BOX 2498 IDAHO FALLS, ID 83403		3. <u>New</u> Registered Agent Signature																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																					
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; border-bottom: 1px solid black;"><u>Office held</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Name</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Street or P.O. Address</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>City</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>State</u></th> <th style="text-align: left; border-bottom: 1px solid black;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td style="vertical-align: top;">Pres.</td> <td style="vertical-align: top;">MARSHALL BEGAN</td> <td style="vertical-align: top;">60725.46E</td> <td style="vertical-align: top;">IDAHO FALLS</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83406</td> </tr> <tr> <td></td> <td style="vertical-align: top;">ANNETTE EGAN</td> <td style="vertical-align: top;">60725.46E</td> <td style="vertical-align: top;">IDAHO FALLS</td> <td style="vertical-align: top;">ID</td> <td style="vertical-align: top;">83406</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	Pres.	MARSHALL BEGAN	60725.46E	IDAHO FALLS	ID	83406		ANNETTE EGAN	60725.46E	IDAHO FALLS	ID	83406
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	ANNETTE EGAN	60725.46E	IDAHO FALLS	ID	83406																
5. Organized Under the Laws of: IDAHO C 80163		6. Signature  Date _____ Name <small>(Typed or Printed)</small> _____ Title _____																			