

No. C127766	Annual Report Form 1999 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX <div style="border: 1px solid black; padding: 5px; margin: 5px;"> TODD LESLIE 54 N MAPLE STE A BLACKFOOT ID 83221 </div>
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 <div style="border: 1px solid black; padding: 5px; margin: 5px;"> TODD LESLIE INSURANCE SERVIC TODD LESLIE 54 N MAPLE STE A </div>	3. Organized Under the Laws of: <div style="border: 1px solid black; padding: 5px; margin: 5px;"> ID C127766 </div>
★★ FINAL 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>
President	TODD LESLIE	660 Lakeside Dr
Secretary	Wendy Leslie	660 Lakeside Dr
		<u>City</u>
		Blackfoot
		<u>State</u>
		ID
		<u>Zip</u>
		83221
5. <u>New</u> Registered Agent Signature		
6.		
Signature <u>Todd Leslie</u> Date <u>10-13-99</u>		