

No. C 136189	Due no later than November 30, 2008 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  ALLEN INSURANCE AGENCY, INC. PO BOX K COUNCIL, ID 83612		MARYANN ALLEN 203 MICHIGAN AVE COUNCIL, ID 83612
NO FILING FEE IF RECEIVED BY DUE DATE			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>
President	Maryann Allen	PO Box K	Council	Id	83612

5. Organized Under the Laws of:

IDAHO  
C 136189

6.  
Signature Maryann Allen Date 9/24/08  
Name (Type or Printed) Maryann Allen Title President

Issued 09/02/2008

Do Not Tape or Staple

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