


No. C 97086 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than December 31, 2004 Annual Report Form 1. Mailing Address: (Correct in this box, if applicable) OVERACRE INSURANCE AGENCY, INC. P O BOX "R" KIMBERLY, ID 83341	2. Registered Agent and Office NO PO BOX DAVID T OVERACRE 525 JEFFERSON ST KIMBERLY, ID 83341 3. <u>New</u> Registered Agent Signature
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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	DAVID T. OVERACRE	P.O. Box R	Kimberly	ID	83341
Vice-Pres	CHRISTINA M. OVERACRE	P.O. Box R.	Kimberly	ID	83341
Secretary	CHRISTINA M. OVERACRE	P.O. Box R.	Kimberly	ID	83341

5. Organized Under the Laws of:

 IDAHO
 C 97086

6. 
 Signature _____ Date 10-7-2004
 Name (Type or Print) David Overacre Title PRESIDENT