

No. **C 124467**

Due no later than Jun 30, 2002

Annual Report Form

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

KRUSE INSURANCE OF BOISE, INC.

KIP B KRUSE
3415 N CRESWELL WAY

BOISE, ID 83713

2. Registered Agent and Office **NO PO BOX**

KIP B KRUSE
3415 N CRESWELL WAY

BOISE, ID 83713

3. New Registered Agent Signature

**NO FILING FEE IF
RECEIVED BY DUE DATE**

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	KIP KRUSE	3415 N. CRESWELL WAY	BOISE	IDAHO	83713
SECRETARY	JAYLE KRUSE	3415 N. CRESWELL WAY	BOISE	IDAHO	83713

5. Organized Under the Laws of:

IDAHO
C 124467

6.

Signature

Kip Kruse

Date

6/15/02

Name (Typed or Printed)

KIP KRUSE

Title

PRESIDENT

3759