INSTRUCTIONS ON REVERSE SIDE

No. 30499

Idaho Corporation Annual Report Form

Due No Later Than November 15, 2005

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

★ FIRST NOTICE ★
NO FEE REQUIRED

1. Mailing Address -- *Please Correct If Not Correct*

MARTIN INSURANCE, INCORPORATED
LEE W. MARTIN
P. O. BOX 699

LEWISTON ID 83501

2. Registered Agent and Office NOT A P.O. BOX

LEE W. MARTIN
1122 IDAHO STREET

LEWISTON ID 83501

3. Incorporated Under The Laws of
ID
NO: 30499

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	Lee Martin	366 B Reservoir Drive	Lewiston	ID	83501
Secretary:	Michael Martin	4051 Par Court	Lewiston	ID	83501
Directors:	N/A				

5. Nature of Business

Insurance Sales

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature _____ Date 7/20/05

Name (Typed or Printed) Michael L Martin Title VP/SEC/TREAS