

No. C 73315	Due no later than Jul 31, 2000		2. Registered Agent and Office NO PO BOX												
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Annual Report Form		JAMES A. SULLIVAN 2119 HARRISON BLVD BOISE, ID 83702												
	1. Mailing Address - Correct in this box, if applicable RISK MANAGEMENT SPECIALISTS, INC. 2119 HARRISON BLVD BOISE, ID 83702														
3. <u>New</u> Registered Agent Signature															
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors. <table border="1"> <thead> <tr> <th><u>Office held</u></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRAS & SCL</td> <td>JAMES A SULLIVAN</td> <td>2119 HARRISON BLVD</td> <td>BOISE</td> <td>ID</td> <td>83702</td> </tr> </tbody> </table>				<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRAS & SCL	JAMES A SULLIVAN	2119 HARRISON BLVD	BOISE	ID	83702
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>										
PRAS & SCL	JAMES A SULLIVAN	2119 HARRISON BLVD	BOISE	ID	83702										
5. Organized Under the Laws of: IDAHO C 73315		6. Signature <u>James A Sullivan</u> Date <u>5-20-2000</u> Name <small>(Typed or Printed)</small> _____ Time _____													

Issued 05/10/2000

Do Not Tape or Staple

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