

No. C 131815	Due no later than December 31, 2004 Annual Report Form		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	1. Mailing Address - Correct in this box, if applicable DAVIES INSURANCE SERVICES, INC. MICHAEL A DAVIES PO BOX 8465 BOISE, ID 83707		MICHAEL A DAVIES 515 S ORCHARD ST BOISE, ID 83705 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>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres.</td> <td>Mike Davies</td> <td>2144 N. Emerald Bay Ave.</td> <td>Eagle</td> <td>ID.</td> <td>83616</td> </tr> <tr> <td>Sec.</td> <td>Angie Davies</td> <td>2144 N. Emerald Bay Ave.</td> <td>Eagle</td> <td>ID.</td> <td>83646</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	Pres.	Mike Davies	2144 N. Emerald Bay Ave.	Eagle	ID.	83616	Sec.	Angie Davies	2144 N. Emerald Bay Ave.	Eagle	ID.	83646
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5. Organized Under the Laws of: IDAHO C 131815	6. Signature <u>Mike A. Davies</u> Date <u>10-18-04</u> Name (Typed or Printed) <u>Mike A. DAVIES</u> Title <u>Pres.</u>																				