

STATE OF IDAHO  
DEPARTMENT OF INSURANCE  
700 WEST STATE STREET, 3rd FLOOR  
PO BOX 83720  
BOISE, ID 83720-0043

FOR DEPARTMENT USE ONLY
1025 _____

**CONTINUATION FEE STATEMENT**  
**ADVISORY ORGANIZATIONS**

COMPANY NAME				
MAILING ADDRESS	CITY	STATE	ZIP CODE	DOMICILE STATE

Advisory Organization must submit the following on or before March 1, 2016, pursuant to provisions of IDAPA 18.01.44.03.a.xiii.

Annual Continuation Fee \$ 500.00

Make your check payable to: **Idaho Department of Insurance**.  
There will be a \$20.00 charge on all returned checks. Idaho Code § 28-22-105  
Your canceled check is your receipt.

\_\_\_\_\_  
Contact Person

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Telephone Number                      Ext.

\_\_\_\_\_  
Title

\_\_\_\_\_  
Email Address

\_\_\_\_\_  
Date