

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

FOR DEPARTMENT USE ONLY	1025
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**CONTINUATION FEE STATEMENT**  
**ADVISORY ORGANIZATIONS**

COMPANY NAME	
MAILING ADDRESS	DOMICILE STATE

Advisory Organization must submit the following on or before March 1, 2009, 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.

\_\_\_\_\_  
Date  
  
(        )  
\_\_\_\_\_  
Telephone Number                      Ext.

\_\_\_\_\_  
Signature of Company Official  
  
\_\_\_\_\_  
Name (Type or Print)  
  
\_\_\_\_\_  
Title