

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
 FRATERNAL BENEFIT SOCIETIES**

LICENSE NO.	NAIC NO.	
COMPANY NAME		
MAILING ADDRESS		DOMICILE STATE

The following is due on or before March 1, 2009, pursuant to provisions of IDAPA 18.01.44.03.a.v.

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

 Name (Type or Print)

 Title