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

PURCHASING GROUPS

PURCHASING GROUP OFFICIAL NAME	
MAILING ADDRESS	DOMICILE STATE

To continue your registration as a Purchasing Group, the following are due on or before March 1, 2009, pursuant to provisions of the Idaho Code § 41-4804 and IDAPA 18.01.44.03.b.i.

[ ] This original signed fee statement.

[ ] A payment in the amount of $100.00 for Annual Continuation Fee.
If **not** submitting payment, a written statement for non-renewal **must** be attached.

[ ] **Statement of Annual Premium Volume** – Purchasing Groups pages 1 **and** 2 **regardless** of premium volume. Idaho Code § 41-247, 41-4808, 41-4811, 41-4816, and 41-1233.

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

Signature

( )
Telephone Number Ext.

Name (Type or Print)

Title