

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**  
**PETROLEUM CLEAN WATER TRUST FUND**

COMPANY NAME				FOR CALENDAR YEAR ENDING DECEMBER 31, 2015
MAILING ADDRESS	CITY	STATE	ZIP CODE	DOMICILE STATE

To continue your eligibility as a registered trust fund, the following items are due on or before March 1, 2016, pursuant to provisions of IDAPA 18.01.44.03.a.xi.

- A copy of your Annual Statement for the calendar year.
- A copy of your most recent audited financial statement.
- A payment in the amount of \$500.00 for Annual Continuation Fee.

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