




No. 36113	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1990		WAYNE M. SMITH 190 MAIN STREET																									
	1. Mailing Address — Please Correct		DUBOIS ID 83423 77																									
	UNITED MORTGAGE INSURANCE C WAYNE M. SMITH P. O. BOX 184 DUBOIS ID 83423		3. Incorporated Under The Laws of ID NO: 036113																									
4. Names and Addresses of Officers and Directors																												
<table border="0" style="width: 100%;"> <thead> <tr> <th></th> <th style="text-align: center;"><u>Name</u></th> <th style="text-align: center;"><u>Street or P.O. Address</u></th> <th style="text-align: center;"><u>City</u></th> <th style="text-align: center;"><u>State</u></th> <th style="text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Wayne M. Smith</td> <td>P.O.Box 184</td> <td>Dubois</td> <td>Idaho</td> <td>83423</td> </tr> <tr> <td>Secretary:</td> <td>Mavis A. Smith</td> <td>P.O.Box 184</td> <td>Dubois</td> <td>Idaho</td> <td>83423</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Wayne M. Smith	P.O.Box 184	Dubois	Idaho	83423	Secretary:	Mavis A. Smith	P.O.Box 184	Dubois	Idaho	83423	Directors:					
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Directors:																												
5. Nature of Business INSURANCE		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0" style="width: 100%;"> <tr> <td style="width: 40%;">Signature </td> <td style="width: 10%;">Date</td> <td style="width: 50%;">9-17-90</td> </tr> <tr> <td>Name (Typed or Printed) WAYNE M. SMITH</td> <td>Title</td> <td>President</td> </tr> </table>			Signature 	Date	9-17-90	Name (Typed or Printed) WAYNE M. SMITH	Title	President																		
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