

No.

C 30155

Annual Report Form

Due No Later Than November 30,

1995

2. Registered Agent and Office **NOT A P.O. BOX**

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

STROLBERG-LEAVITT INSURANCE
RAYMOND V STROLBERG
P O BOX 47

RAYMOND V STROLBERG
705 FILLMORE

TWIN FALLS ID 83301

3. Organized Under the Laws of:

* FIRST NOTICE *

TWIN FALLS

ID 83303 0047

ID

C 30165

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

Pres.

Eric O. Leavitt

P. O. Box 130

Cedar City

Utah

84720

Sec

Dane O Leavitt

P. O. Box 130

Cedar City

Utah

84720

Dir.

Raymond V. Strolberg

P. O. Box 47

Twin Falls

Idaho

83303

5.

NATURE OF BUSINESS

INSURANCE AGENCY

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature

Date 9-30-96

Name (Typed or Printed)

Raymond V. Strolberg

Title Reg. Agent

ISSUED: 07-06-1995

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