

No. 68494

Idaho Corporation Annual Report Form

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

Return To

Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

Due No Later Than November 1, 1994

1. Mailing Address — Please Correct, if Not Correct

FIRST AMERICAN TITLE COMPANY OF

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

700 BOX 1226
XXXXXXXXXXXXXXXXXXXX

P.O. BOX 580

XXXXXXXXXXXXXXXXXXXXXXXXXXXX
XXXXXXXXXXXXXXXXXXXXXXXXXXXX

BLACKFOOT, ID 83221

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

XXXXXXXXXXXXXXXXXXXXXXXXXXXX SCOTT D. STUFFLEBEAM

178 W. JUDICIAL

XXXXXXXXXXXXXXXXXXXXXXXXXXXX

BLACKFOOT, ID 83221

3. Incorporated Under The Laws

of ID

NO: 68494

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	SCOTT D. STUFFLEBEAM	P.O. BOX 580	BLACKFOOT	ID	83221
Secretary:	DWAIN H. STUFFLEBEAM	P.O. BOX 580	BLACKFOOT	ID	83221
Directors:	SCOTT D. STUFFLEBEAM	P.O. BOX 580	BLACKFOOT	ID	83221
	DWAIN H. STUFFLEBEAM	P.O. BOX 580	BLACKFOOT	ID	83221
	ERIC L. STUFFLEBEAM	P.O. BOX 580	BLACKFOOT	ID	83221

5. Nature of Business

TITLE INSURANCE AGENT

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

Name (Typed)

SCOTT D. STUFFLEBEAM

Date 7/21/94

Title PRESIDENT