

No. C101810

## Annual Report Form

Due No Later Than November 30,

1996

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

NORTH IDAHO TITLE INSURANCE,  
508 NORTHWEST BLVD

TOM WILLIAMS  
508 NORTHWEST BLVD

COEUR D'ALENE ID 83814

## 3. Organized Under the Laws of:

\* FIRST NOTICE \*

COEUR D'ALENE ID 83814

ID C101810

## 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 held	Name	Street or P.O. Address	City	State	Zip
President	Thomas E. Williams	1222 Kensington	Hayden Lake	Id	83835
Secretary	Patricia A. Laffin	185 Fulweiler Ave	Auburn	Ca.	95603
Director	Patricia A. Laffin	185 Fulweiler Ave.	Auburn	Ca.	95603
Director	Kathleen R. Khalav	185 Fulweiler Ave.	Auburn	Ca.	95603
Director	Leo French	1620 Douglas Ave	Roseville	Ca.	95661
Director	Jerry Adams	1620 Douglas Ave	Roseville	Ca.	95661
Director	George Ganits	3020 Sunset Hill Rd	Rocklin	Ca.	95677

## 5. NATURE OF BUSINESS

## TITLE INSURANCE POLICIES

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 Thomas E. WilliamsDate 7/16/96Name (Typed or Printed) THOMAS E. WILLIAMSTitle PRESIDENT

ISSUED: 07-06-1996

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