

No. <b>C 97086</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30,</i>	<b>1996</b>	2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>FLORA RUTH OVERACRE</b> <b>119 CENTER STREET EAST</b>  <b>KIMBERLEY ID 83341</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>OVERACRE INSURANCE AGENCY, I</b> <b>FLORA RUTH OVERACRE</b> <b>PO BOX "R"</b>		3. Organized Under the Laws of:  <div style="display: flex; justify-content: space-between;"> <span><b>ID</b></span> <span><b>C 97086</b></span> </div>
<div style="display: flex; justify-content: space-between;"> <span><b>* FIRST NOTICE *</b></span> <span><b>KIMBERLEY ID 83341</b></span> </div>			
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<i>President</i>	<i>FLORA R. OVERACRE</i>	<i>P.O. Box R.</i>	<i>Kimberly</i>
<i>Vice-Pres</i>	<i>THOMAS S. OVERACRE</i>	<i>P.O. Box R.</i>	<i>Kimberly</i>
<i>Sac/Treas</i>	<i>DAVID T. OVERACRE</i>	<i>525 Jefferson</i>	<i>Kimberly</i>
			<i>IDaho 83341</i>
			<i>IDaho 83341</i>
5. <b>NATURE OF BUSINESS</b>  <b>SELLING INSURANCE</b>		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 <u><i>David Overacre</i></u> Date <u><i>7/15/96</i></u> Name <small>(Typed or Printed)</small> <u><i>David Overacre</i></u> Title <u><i>Sac/Treas</i></u>	

ISSUED: 07-06-1996

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