

No. C 97085

Annual Report Form

1996

Due No Later Than November 30,

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

OVERACRE INSURANCE AGENCY, I
FLORA RUTH OVERACRE
PO BOX "R"

FLORA RUTH OVERACRE
119 CENTER STREET EAST

KIMBERLEY ID 83341

3. Organized Under the Laws of:

* FIRST NOTICE *

KIMBERLEY ID 83341

ID C 97085

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	FLORA R. OVERACRE	P.O. Box R.	Kimberly	IDAH	83341
Vice-Pres	THOMAS S. OVERACRE	P.O. Box R.	Kimberly	Idaho	83341
Sec/Treas	DAVID T. OVERACRE	525 Jefferson	Kimberly	Idaho	83341

5. NATURE OF BUSINESS

SELLING 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.

Signature *David Overacre* Date 7/15/96

Name (Typed or Printed) David Overacre Title Sec/Treas

ISSUED: 07-06-1996

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