

No. <b>C110233</b>	<b>Annual Report Form</b> 1996 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>R JOHN TAYLOR</b> <b>111 MAIN STREET</b>  <b>LEWISTON      ID    83501</b>	
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>FARMERS HEALTH ALLIANCE ADMI</b> <b>R JOHN TAYLOR</b> <b>PO BOX 538</b>  <b>LEWISTON      ID 83501</b>		3. Organized Under the Laws of:  <b>ID      C110233</b>	
<b>* FIRST NOTICE *</b>				
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>	<u>State</u>
President:	R. John Taylor	P O Box 538	Lewiston	Idaho 83501
Secretary:	Daniel L. Spickler	Same	Same	
Directors:	R. John Taylor	Same	Same	
	Paul D. Durant	Same	Same	
	Daniel L. Spickler	Same	Same	
5. <b>NATURE OF BUSINESS</b>  <b>INSURANCE AGENCY</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>Daniel L. Spickler</i></u> Date <b>October 9, 1996</b> Name (Typed or Printed) <b>Daniel L. Spickler</b> Title <b>Secretary</b>		

**ISSUED: 07-06-1996**

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