

No.

C 73315

## 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

\*\* FINAL NOTICE \*\*

1. Mailing Address - Please Correct, If Not Correct

RISK MANAGEMENT SPECIALISTS,  
JAMES A. SULLIVAN  
2119 HARRISON BLVD

BOISE

ID 83702

JAMES A. SULLIVAN  
2119 HARRISON BLVD

BOISE ID 83702

3. Organized Under the Laws of:

ID C 73315

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 heldNameStreet or P.O. AddressCityStateZip

*Pres. James A Sullivan 2119 Harrison Blvd Boise ID 83702*

## 5. NATURE OF BUSINESS

INSURANCE AND OTHER BUSINESS

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

Date

10-31-96

Name (Typed or Printed)

James A Sullivan

Title

Pres.

ISSUED: 10-05-1996

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