(No. 0 95)	5 o 3	i	Annual Report Form No Later Than November 30,	1975	2. Registered Age	nt and Office N	IOT 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		OT CORPORAITON SYSTEM 300 NORTH 6TH STREET			
		MCFALL GENERAL AGENCY/ INC. 508 R. MCFALL 5443 S W BVTN-HILLSDALE HWY SUITE 350		BOISE		9 33702	
				3. Organized Under the Laws of:			
* FIRST NOTICE *		PORTLAND OR 97221		OR	<u> </u>		
4. Corporations: E Limited Liability	Enter Names and Companies: Ente	Addresses of Pre er Names and Add	esident, Secretary and Director resses of 🖾 Managers or	ors 3 Members (check one)		
Office held	<u>Name</u>		Street or P.O. Address		City	State	Zip
President	Bob R	metall	6443 SW BEARS		Pild	OR	77221
Secretory	Connis	E Wetall	Willsdale Hug WHH3 ZW Ber Hillsdale Hug	-+	Rllel.	OR	97221
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NATURE OF	· - - ·) kr	certify that this Annual Deport nowledge true and and or a	has been e	camined by me	al.	best of my
INSURAN	NCE WHOLES	SALE/GENER Na	AL (Typedrof Printed)	MCI	Title		Delt
ISSUED:	: 37-06-19	995				7152	