

No. <b>86278</b>  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b>  <i>Due No Later Than November 1, 1990</i> 1. Mailing Address — <i>Please Correct</i>  <b>LOST RIVER TITLE COMPANY, I</b> <b>ROBERT B. GAGON</b> <b>547 NORTH CAPITAL AVE.</b>  <b>IDAHO FALLS ID 83202</b>	2. Registered Agent and Office  <b>ROBERT B. GAGON</b> <b>547 NORTH CAPITAL AVE.</b>  <b>IDAHO FALLS ID 83202 36</b> 3. Incorporated Under The Laws of <b>ID</b>  <b>NO: 086278</b>
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## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	TIMOTHY J. McFARLANE	P.O. Box 50367	IDAHO FALLS	ID.	83405-
Secretary:					
Directors:					
VICE PRESIDENT	ROBERT B. GAGON	P.O. Box 50367	IDAHO FALLS	ID.	83405-

## 5. Nature of Business

TITLE INSURANCE + ESCROW CO.

## 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

Name (Typed or Printed)

Robert B. Gagon

ROBERT B. GAGON

Date

Title

7-9-96

VICE-PRESIDENT