No. C 49883		Annual Report Form  Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX		
Return to: SECRETARY OF STAT	1 Madi	1 Mailing Address Please Correct If Not Correct  TREASURE VALLEY INSURANCE SE JOHN C. SANFORD BOX 190037		JOHN C. SANFORD 9960 OVERLAND RD.		
700 WEST JEFFERSO PO BOX 83720	N TRI					
BOISE, ID 83720-0080	<b>I</b>			E 10	83775	
NO FEE REQUIRED	30)			3. Organized Under the Lews of:		
4. Corporations: Enter Names and Addresses of				D	ORRR	
Limited Liability Con	Names and Addres npanies: Enter Name	sees of President, Secretary and Director es and Addresses of   Managers or	s Members (check one	)		
Office held	Name .	Street or P.O. Address	City	State	منة	
President	John C. San		Meridi	an ID	83642	
Vice President			Meridi	an ID	83642	
Secretary	Gayla J. Sa	nford 2880 Venable Ln	Meridi	an ID	83642	
NATURE OF 3	ISTNOBE.	6. I certify that this Annual Report I	sa been examined	by me and is to the t	peet of my	
MAIURE UF 3	7214522	knowledge true		Date	- 86	
INSURANCE	SERVICES	Name Privad John C. Sanfo		Title President		
ISSUED: 37-36-1996				23366		