

ISSUED: 07-05-1994

No. 74509

**Idaho Corporation Annual Report Form***Due No Later Than November 1, 1994**Return To*

**Secretary of State  
Room 203, Statehouse  
P.O. BOX 83720  
Boise, ID 83720-0080**

**\* FIRST NOTICE \*  
NO FEE REQUIRED**

**1. Mailing Address -**

**MOUNTAIN STATES INSURANCE GROUP  
MARK L. ANDREASEN  
P. O. BOX 795**

**SODA SPRINGS ID 83276**

**2. Registered Agent and Office**

**MARK L. ANDREASEN  
30 EAST 2ND SOUTH**

**SODA SPRINGS ID 83276**

**3. Incorporated Under The Laws**

of ID

**NO: 74509**

**4. Names and Addresses of Officers and Directors**NameStreet or P.O. AddressCityStateZip

President:	Mark L. Andreasen	12235 N. Hwy 34	Preston	ID	83263
Secretary:	Karen K. Andreasen	12235 N. Hwy 34	Preston	ID	83263
Directors:					

**5. Nature of Business**

**Insurance Agency**

**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)



**Mark L. Andreasen**

Date

**7/12/94**

Title

**President**