

No. C 80910

**Annual Report Form**  
Due No Later Than November 30, 1996

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****\* FIRST NOTICE \***

3. Mailing Address - Please Correct, If Not Correct

MICHAEL P. BROOKS INSURANCE  
MICHAEL P. BROOKS  
XXXXXXXXXXXXXX 6617 W USTICK ROAD  
XXXXXX 6617 W USTICK ROAD

MICHAEL P. BROOKS  
XXXXXXXXXXXXXX 6617 W USTICK ROAD  
BOISE ID 83704

3. Organized Under the Laws of:

ID C 80910

4. Corporations: Enter Names and Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (check one)

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	MICHAEL P BROOKS	6617 W USTICK ROAD	BOISE	IDAHO	83704
SEC/DIR	MICHAEL P BROOKS	6617 W USTICK ROAD	BOISE	IDAHO	83704

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

Date 7-23-96

Name (Type or  
Printed)

MICHAEL P BROOKS

Title PRESIDENT

ISSUED: 07-06-1996

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