

No. C 97690

Annual Report Form

1996

Due No Later Than November 30,

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

1. Mailing Address - Please Correct, if Not Correct

JOSEPHSON AGENCY INC. DARREN E JOSEPHSON PO BOX 1445

DARREN E JOSEPHSON 405 MAY ST

IDAHO FALLS ID 83402

3. Organized Under the Laws of:

ID C 97690

* FIRST NOTICE * IDAHO FALLS ID 83403

4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of [] Managers or [] Members (check one)

Table with 6 columns: Office held, Name, Street or P.O. Address, City, State, Zip. Rows for President/owner and Secretary.

5. NATURE OF BUSINESS LIFE & HEALTH INSURANCE SALES

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 [Signature] Date 7-15-96

Name (Typed or Printed) Darren E Josephson Title President/owner

ISSUED: 07-06-1996

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