

INSTRUCTIONS ON REVERSE SIDE

No. 80809	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1. Mailing Address <i>Please Correct If Not Correct</i>	2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	BOB WILL CUTS INSURANCE AGENCY, BOB WILL CUTS RT. 6, BOX 140 19936 Middle Rd CALDWELL ID 83605 0000	BOB WILL CUTS 7000 AND 5000 800 Dearborn St. PARMA ID 93605 CALDWELL 3. Incorporated Under The Laws of ID NO: 060809

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Bob Willcuts	19936 Middle Rd	Caldwell	ID	83605
Secretary:	Sanc Willcuts	19936 Middle Rd	Caldwell	ID	83605
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)

[Signature]
Bob Willcuts

Date

Title

10-7-91
Pres