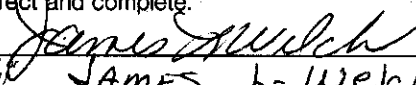
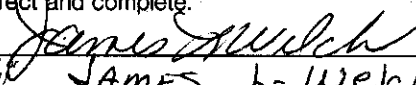
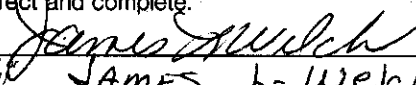


No. 031233 Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1987</i> 1. Mailing Address — Please Correct 031233 JOHN M. BARKER AGENCY, INC. BARKER-OBENCHAIN INSURANCE P. O. BOX 549 BUHL IDAHO	2. Registered Agent and Office JAMES L. WELCH 123 SOUTH BROADWAY BUHL, IDAHO 83316 3. Incorporated Under The Laws of STATE OF IDAHO																								
RECEIVED SEC. OF STATE 87 OCT 26 PM 2:30																										
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 20%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>JAMES L. WELCH</td> <td>P O BOX 549</td> <td>BUHL</td> <td>ID</td> <td>83316</td> </tr> <tr> <td>Secretary:</td> <td>TIM OBENCHAIN</td> <td>P O BOX 269</td> <td>TWIN FALLS</td> <td>ID</td> <td>83303</td> </tr> <tr> <td>Director V Pres.</td> <td>DAVID WHEAT</td> <td>P O BOX 269</td> <td>TWIN FALLS</td> <td>ID</td> <td>83303</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	JAMES L. WELCH	P O BOX 549	BUHL	ID	83316	Secretary:	TIM OBENCHAIN	P O BOX 269	TWIN FALLS	ID	83303	Director V Pres.	DAVID WHEAT	P O BOX 269	TWIN FALLS	ID	83303
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5. Nature of Business BARKER-OBENCHAIN INSURANCE	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name (Typed & Printed) JAMES L. Welch </td> <td style="width: 40%;"> Date 10/22/87 Title Pres. </td> </tr> </table>		Signature  Name (Typed & Printed) JAMES L. Welch	Date 10/22/87 Title Pres.																						
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