




No. 57-744	<b>Idaho Corporation Annual Report Form</b>		2. Registered Agent and Office																					
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  SEC. ST.  88 NOV 25 AM 10 28	Due No Later Than November 1, 1988		<b>C T CORPORATION SYSTEM</b> <b>300 NORTH SIXTH STREET</b> <b>BOISE, IDAHO</b> <b>83701</b>																					
	1. Mailing Address — Please Correct 57-744																							
	<b>TRANSINSCO, INC.</b> <b>TAX DEPARTMENT</b> <b>225 BUSH STREET</b> <b>SAN FRANCISCO, CALIFORNIA</b> <b>94104</b>		3. Incorporated Under The Laws <b>ENTERED</b> of <b>NOV 25 1988</b> <b>STATE OF CONNECTICUT</b>																					
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <div style="text-align: center; font-size: 2em; transform: rotate(-30deg); opacity: 0.5;">SEE SCHEDULE ATTACHED</div>					Name	Street or P.O. Address	City	State	Zip	President:					Secretary:					Directors:				
Name	Street or P.O. Address	City	State	Zip																				
President:																								
Secretary:																								
Directors:																								
5. Nature of Business  <b>Insurance</b>		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> <tr> <td>Signature </td> <td>Date <b>NOV 21 1988</b></td> </tr> <tr> <td>Name (Typed or Printed) <b>J. D. SURJAN</b></td> <td>Title <b>ASSISTANT SECRETARY</b></td> </tr> </table>			Signature 	Date <b>NOV 21 1988</b>	Name (Typed or Printed) <b>J. D. SURJAN</b>	Title <b>ASSISTANT SECRETARY</b>																
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**INSTRUCTIONS  
FOR THE  
IDAHO CORPORATION ANNUAL REPORT FORM**

- A. Please correct any pre-printed information. Pay special attention to the MAILING ADDRESS.
- B. You may change the information in Block #2 regarding Registered Agent and Office on the annual report form. The registered office address must be the physical location at which the Registered Agent can normally be found during regular business hours. Please make any necessary changes on the form itself. It is not necessary to file a separate form or pay any filing fee.

- C. You must enter complete information in blocks 4 and 5.

**Directors**

- D. This report must be signed by the  
agent or attorney
- E. Return completed
- E. J. Kettel**  
**D. N. Maytum**  
**C. M. Short**  
**H. P. Walker**

**Business Address**

**225 Bush Street**  
**San Francisco, CA 94104**  
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**San Francisco, CA 94104**  
**225 Bush Street**  
**San Francisco, CA 94104**

manager, accountant,

**Officers**

**President**  
**Vice-President**  
**Secretary**

**Name**

**C. M. Short**  
**D. N. Maytum**  
**H. P. Walker**

**Business Address**

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