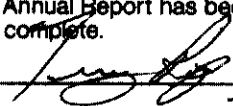
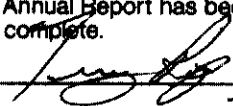
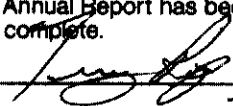


No. 80868	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	1. Mailing Address: <i>Please Correct If Not Correct</i>	TERRY R. ARP 4720 EMERALD ST. #107 BOISE ID 83706																								
	ARP INSURANCE AGENCY, INC. TERRY R. ARP 4720 EMERALD ST., SUITE 1 BOISE ID 83706	3. Incorporated Under The Laws of ID NO: 080868																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>TERRY R. ARP</td> <td>5197 BRINBRIDGE DR.</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> <tr> <td>Secretary:</td> <td>PEGGY A. ARP</td> <td>" " "</td> <td>"</td> <td>"</td> <td>"</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	TERRY R. ARP	5197 BRINBRIDGE DR.	BOISE	ID	83703	Secretary:	PEGGY A. ARP	" " "	"	"	"	Directors:					
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Directors:																										
5. Nature of Business 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. <table border="0"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>  Name (Typed or Printed) TERRY R. ARP </td> <td> 8/29/91 Title PRESIDENT </td> </tr> </table>		Signature	Date	 Name (Typed or Printed) TERRY R. ARP	8/29/91 Title PRESIDENT																				
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