

INSTRUCTIONS ON REVERSE SIDE

No. 77091	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	J. L. CRAIG/L. WESTERGARD
Secretary of State	1 Mailing Address - Please Correct If Not Correct	325 SO. WOODRUFF
700 W Jefferson	ROCKY MOUNTAIN CLAIM SERVICE, I	329
P.O. Box 83720	JAMES L. CRAIG	IDAHO FALLS ID 83401
Boise, ID 83720-0080	BOX 2124	3. Incorporated Under The Laws of
* FIRST NOTICE *	IDAHO FALLS ID 83403-2124	ID
NO FEE REQUIRED		NO: 77091

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	James L. Craig	779 Anthon	Idaho Falls	Idaho	83401
Secretary:	Judy G. Craig	779 Anthon	Idaho Falls	Idaho	83401
Directors:	James L. Craig	779 Anthon	Idaho Falls	Idaho	83401
	Judy G. Craig	779 Anthon	Idaho Falls	Idaho	83401

5. Nature of Business

Insurance Claims Adjustors

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)

James L. Craig

Date

7-26-95

Title

President