14833 INSTRUCTIONS ON REVERSE SIDE PLEASE TYPE OR PRINT

No.

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

Idaho Corporation Annual Report Form
Due No Later Than November 1, 1992

1. Mailing Address — *Please Correct If Not Correct*

STONEBRAKER INSURANCE, INC.
D. KEITH STONEBRAKER
P. O. BOX 448

LEWISTON ID 83501 0000

2. Registered Agent and Office NOT A P.O. BOX

PHILIP W. STONEBRAKER
1029 MAIN ST.

LEWISTON ID 83501

3. Incorporated Under The Laws of

NO: 14833

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	D. KEITH STONEBRAKER	P. O. BOX 69G	JULIAETTA	ID	83535
Secretary:	MARILYN K. STONEBRAKER	1224 3RD STREET	LEWISTON	ID	83501
Directors:	D. KETIH STONEBRAKER	P. O. BOX 69G	JULIAETTA	ID	83535
	MEREL E. STONEBRKAER	135 BAILEY DRIVE	LEWISTON	ID	83501
	PHILIP W. STONEBRAKER	1224 3RD STREET	LEWISTON	ID	83501

5. Nature of Business

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.

Signature Marilyn K Stonebraker Date 2-15-92

Name (Typed or Printed) MARILYN K. STONEBRAKER Title SECRETARY