INSTRUCTIONS ON REVERSE SIDE

No. 47569

**Idaho Corporation Annual Report Form**

*Due No Later Than November 30, 1995*

*Return To*

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

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

LEMHI TITLE AND ABSTRACT COMPAN
ERIN G. ROBIE
BOX J
531 MAIN ST
SALMON ID 83467

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

ERIN G. ROBIE
531 S. MAIN
SALMON ID 83467

3. Incorporated Under The Laws of

ID
NO: 47569

4. Names and Addresses of Officers and Directors

| | Name | Street or P.O. Address | City | State | Postal Code |
|---|---|---|---|---|---|
| President: | ERIN G. ROBIE | P.O. BOX J, 531 MAIN, | SALMON | IDAHO | 83467 |
| Secretary: | LINDA K. ROBIE | P.O. BOX J, 531 MAIN, | SALMON | IDAHO | 83467 |
| Directors: | | | | | |

5. Nature of Business

TITLE 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 _____ Date JULY 17, 1995

Name (Typed or Printed) ERIN G. ROBIE Title PRESIDENT