

No. 84411	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991		GARY K. SHOEMAKER 7480 DENVER ROAD FRUITLAND ID 83619																									
	1 Mailing Address. Please Correct If Not Correct		3. Incorporated Under The Laws of ID NO: 084411 84411																									
4. Names and Addresses of Officers and Directors																												
<table border="1"> <thead> <tr> <th data-bbox="26 388 409 441"></th> <th data-bbox="409 388 735 441"><u>Name</u></th> <th data-bbox="735 388 1058 441"><u>Street or P.O. Address</u></th> <th data-bbox="1058 388 1313 441"><u>City</u></th> <th data-bbox="1313 388 1445 441"><u>State</u></th> <th data-bbox="1445 388 1609 441"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td data-bbox="26 441 409 484">President:</td> <td data-bbox="409 441 735 484">GARY K. SHOEMAKER, CHU</td> <td data-bbox="735 441 1058 484">7480 Denver Road</td> <td data-bbox="1058 441 1313 484">Fruitland</td> <td data-bbox="1313 441 1445 484">ID</td> <td data-bbox="1445 441 1609 484">83619</td> </tr> <tr> <td data-bbox="26 484 409 526">Secretary:</td> <td data-bbox="409 484 735 526">Bart F. Bailey</td> <td data-bbox="735 484 1058 526">132 W. Court</td> <td data-bbox="1058 484 1313 526">Weiser</td> <td data-bbox="1313 484 1445 526">ID</td> <td data-bbox="1445 484 1609 526">83672</td> </tr> <tr> <td data-bbox="26 526 409 835">Directors:</td> <td data-bbox="409 526 735 835"></td> <td data-bbox="735 526 1058 835"></td> <td data-bbox="1058 526 1313 835"></td> <td data-bbox="1313 526 1445 835"></td> <td data-bbox="1445 526 1609 835"></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	GARY K. SHOEMAKER, CHU	7480 Denver Road	Fruitland	ID	83619	Secretary:	Bart F. Bailey	132 W. Court	Weiser	ID	83672	Directors:					
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Directors:																												
5. Nature of Business Insurance and Financial Services	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 <u>Gary K. Shoemaker</u> Date <u>10/4/91</u> Name (Typed or Printed) <u>GARY K. SHOEMAKER</u> Title <u>President</u>																											