No. C105577	Annual Report Form Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX		
SECULE INTO TO STATE	1. Mailing Address - Please Correct, If Not Correct	TELEPHONE CONTRACTOR CONTRACTOR		SYSTEM
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	J. S. BANCORP INSURANCE % U.S. BANCORP 111 SW 5TH AVE (T-2)	BOISE	ID	83701
NO FEE REQUIRED		3. Organized Und		
FIRST NOTICE * 4. Corporations: Enter Names and Limited Liability Companies: Enter	PORT_AND OR 97204 Addresses of President, Secretary and Directors r Names and Addresses of Managers or Members (a	O 9	C103	3577
Office held Name Director Rick O. Director Thomas	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>
Director Robert	D. Sznewajs The address f as follows:	for all is	the same	
President Rick O. Secretary Deborah	Bowman B. Goldberg 111 S.W. 5th Portland OR 9			•
NATURE OF BUSINESS	I certify that this Annual Report has been ex- knowledge true, correct and complete. Signature	xamined by me	and is to the be	est of my
INSURANCE AGENCY			Secretary	
ISSUED: 37-06-19	95		7040	
• •	•			