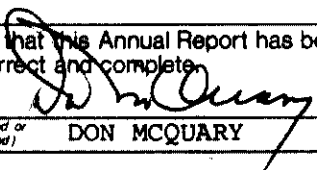
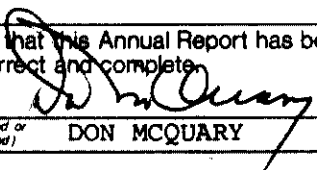
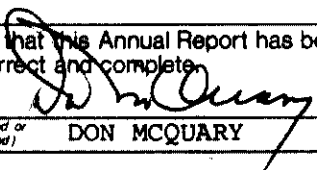


No. Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * * NO FEE REQUIRED *	Idaho Corporation Annual Report Form 1992 <i>Due No Later Than November 1,</i> 1. Mailing Address — Please Correct If Not Correct MCQUARY INSURANCE AGENCY OF IDA DON MCQUARY P. O. BOX 1786 LEWISTON ID 83501 0000	2. Registered Agent and Office NOT A P.O. BOX JUNE MAGER 1012 8TH STREET LEWISTON ID 83501 3. Incorporated Under The Laws of NO: 52582																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 10%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 5%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>DON MCQUARY</td> <td>1613 RIDGEVIEW DRIVE</td> <td>CLAKRSTON</td> <td>WA</td> <td>99403</td> </tr> <tr> <td>Secretary:</td> <td>JIM BROEMMELING</td> <td>1325 3RD STREET</td> <td>CLARKSTON</td> <td>WA</td> <td>99403</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	DON MCQUARY	1613 RIDGEVIEW DRIVE	CLAKRSTON	WA	99403	Secretary:	JIM BROEMMELING	1325 3RD STREET	CLARKSTON	WA	99403	Directors:					
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5. Nature of Business SELLING OF 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. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature  Name (Typed or Printed) DON MCQUARY </td> <td style="width: 40%;"> Date _____ Title PRESIDENT </td> </tr> </table>		Signature  Name (Typed or Printed) DON MCQUARY	Date _____ Title PRESIDENT																						
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