

No.

C 73773

Annual Report Form

Due No Later Than November 30, 1996

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

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

1. Mailing Address - Please Correct. If Not Correct

IRWIN ROGERS INSURANCE AGENT
IRWIN L. ROGERS
P.O. BOX 6616

IRWIN L. ROGERS
410 S. ORCHARD, STE. 172

BOISE ID 83705

3. Organized Under the Laws of:

* FIRST NOTICE *

BOISE

ID 83707

ID

C 73773

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

PRESIDENT

IRWIN L. ROGERS

7207 SWIFT LN

BOISE

ID

83704

SECRETARY

LUCILLE ROGERS

7207 SWIFT LN

BOISE

ID

83704

DIRECTORS:

GARY ROGERS

3370 BRYSON WAY

BOISE

ID

83713

EDWARD O. CASH

10784 OSWEGO

BOISE

ID

83709

JANA M. MILLER

5461 S. ADONIS PLACE

BOISE

ID

83716

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

Date 8/20/96

Name (Typed or Printed)

IRWIN L. ROGERS

Title PRESIDENT

ISSUED: 07-06-1996

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