

No. C110715	Annual Report Form 1990 Due No Later Than November 30,		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 ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct INSURANCE MARKETING, INC. PAUL L STROSCHEIN 724 5TH ST RUPERT ID 83350		PAUL L STROSCHEIN 724 5TH ST RUPERT ID 83350 3. Organized Under the Laws of: ID C110715																			
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="41 345 1480 532"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>Paul L. Stroschein</td> <td>724-5th St.</td> <td>Rupert</td> <td>ID</td> <td>83350</td> </tr> <tr> <td>Secretary</td> <td>Virginia Stroschein</td> <td>724-5th St.</td> <td>Rupert</td> <td>ID</td> <td>83350</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	President	Paul L. Stroschein	724-5 th St.	Rupert	ID	83350	Secretary	Virginia Stroschein	724-5 th St.	Rupert	ID	83350
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5. NATURE OF BUSINESS INSURANCE AGENCY		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>Paul L. Stroschein</u> Date <u>11-11-96</u> Name (Typed or Printed) <u>Paul L. Stroschein</u> Title <u>President</u>																				
ISSUED: 10-05-1996		2150																				