

INSTRUCTIONS ON REVERSE SIDE.

ISSUED: 07-04-1995

No. 46068 A

Idaho Corporation Annual Report Form

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

Return To

Due No Later Than November 30, 1995

LARRY CHRISTENSEN
712 MAIN AVE. SOUTHSecretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

1. Mailing Address - Please Correct if Not Correct

TABER INSURANCE, INC.
CLAYTA CHRISTENSEN
712 MAIN AVE. SOUTH

TWIN FALLS ID 83301

* FIRST NOTICE *
NO FEE REQUIRED

TWIN FALLS ID 83301

3. Incorporated Under The Laws of

ID
NO: 46068 A

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>
President:	LARRY M. CHRISTENSEN	712 MAIN AVE SOUTH	TWIN FALLS	IDAHO	83301
Secretary:	CLAYTA CHRISTENSEN	712 MAIN AVE SOUTH	TWIN FALLS	IDAHO	83301
Directors:	SAME				

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

Clayta Christensen

Date 7/06/95

Name (Typed or Printed)

Clayta Christensen

Title

Sec./Treas