

ISSUED: 07-05-1994

No. 82721	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1994</i>		2. Registered Agent and Office WINSTON V BEARD 683 N CAPITAL IDAHO FALLS ID 83405																														
<i>Return To</i> Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 ★ FIRST NOTICE ★ NO FEE REQUIRED	1. Mailing Address — ARCHIBALD INSURANCE AGENCY, INC P O BOX 51718 IDAHO FALLS ID 83405 1718		3. Incorporated Under The Laws of ID NO: 82721																														
	4. Names and Addresses of Officers and Directors <table border="1"><thead><tr><th></th><th><u>Name</u></th><th><u>Street or P.O. Address</u></th><th><u>City</u></th><th><u>State</u></th><th><u>Zip</u></th></tr></thead><tbody><tr><td>President:</td><td>WINSTON V. BEARD</td><td>P.O. BOX 51718</td><td>IDAHO FALLS</td><td>ID</td><td>83405-1718</td></tr><tr><td>Secretary:</td><td>KRISTIN H. MACIESKI</td><td>P.O. BOX 51718</td><td>IDAHO FALLS</td><td>ID</td><td>83405-1718</td></tr><tr><td>Directors:</td><td>WINSTON V. BEARD</td><td></td><td></td><td></td><td></td></tr><tr><td></td><td>KRISTIN H. MACIESKI</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:	WINSTON V. BEARD	P.O. BOX 51718	IDAHO FALLS	ID	83405-1718	Secretary:	KRISTIN H. MACIESKI	P.O. BOX 51718	IDAHO FALLS	ID	83405-1718	Directors:	WINSTON V. BEARD						KRISTIN H. MACIESKI			
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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 <u>Winston V Beard</u> Date <u>9/23/94</u> Name <small>(Typed or Printed)</small> WINSTON V. BEARD Title <u>PRESIDENT</u>																																