

| No. 946068 | | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office | | |
|---|---|---|------------|--|-------|-----|
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 REC'D STATE | | Due No Later Than November 1, 1988 1. Mailing Address — Please Correct 946068 | | LARRY CHRISTENSEN 712 MAIN AVE. SOUTH TWIN FALLS, IDAHO 83301 | | |
| 88 AUG 4 AM 9 TWIN FALLS, IDAHO 83301 | | TABER INSURANCE, INC. CLAYTA CHRISTENSEN 712 MAIN AVE. SOUTH TWIN FALLS, IDAHO 83301 | | 3. Incorporated Under The Laws of STATE OF IDAHO | | |
| 4. Names and Addresses of Officers and Directors | | | | | | |
| | Name | Street or P.O. Address | City | State | Zip | |
| President: | Larry Christensen | 712 Main Ave South | Twin Falls | ID | 83301 | AUG |
| Secretary: | Clayta Christensen | 712 Main Ave South | Twin Falls | ID | 83301 | 22 |
| Directors: A | Clayta Christensen Larry Christensen | 712 Main Ave South | Twin Falls | ID | 83301 | 11 |
| 5. Nature of Business | | 6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. | | | | |
| Insurance | | Signature <u>Clayta Christensen</u> Name <small>(Type or Printed)</small> Taber Insurance, Inc. Date 7/28/88 Title Secretary | | | | |