

Annual Report Form

Due No Later Than November 30,

1998

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

HARVEY INSURANCE AGENCY, INC
MARCELLE A HARVEY
PO BOX 2797

OROFINO

ID 83544

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

MARCELLE A HARVEY
~~12220 KENT AVE~~
120 Michigan AVE.
OROFINO ID 83544

3. Organized Under the Laws of:

ID

C108921

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

Office heldNameStreet or P.O. AddressCityStateZip

President MARCELLE HARVEY P.O. Box 2797 OROFINO, Id. 83544
Vice President D. ANN McKINNEY P.O. Box OROFINO, Id. 83544
SECRETARY D. ANN McKINNEY SAME
TREASURER MARCELLE HARVEY SAME
No Directors

5. Signature of New Registered Agent

6.

Signature

Name

(Typed or
Printed)

Marcelle A. Harvey Date 10/1/98
MARCELLE A. HARVEY Title President

ISSUED: 10-03-1998

(DO NOT TAPE OR STAPLE)

4321