
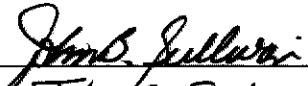


# REINSTATEMENT

No. C 14016		<b>Annual Report Form 1997</b>		2. Registered Agent and Office NOT A P.O. BOX																															
Return to: SECRETARY OF STATE 700 WEST JEFFERSON P.O. BOX 83720 BOISE, ID 83720-0080 FEE DUE 330.00 Forfeited 12/1/93		1. Mailing Address - Please Correct, If Not Correct AMERICAN INSURANCE AND LOAN CO., INC. JOHN B. SULLIVAN 108 9TH ST BOX 559 LEWISTON ID 83501		JOHN B. SULLIVAN 108 9TH ST LEWISTON ID 83501																															
				3. Organized Under the Laws of: ID C 14016																															
4. Corporations: Enter Names and Business 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"> <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>John B. Sullivan</td> <td>108-9th St.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Vice President</td> <td>Shawn D. Sullivan</td> <td>108-9th St.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Treasurer</td> <td>John B. Sullivan</td> <td>108-9th St.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> <tr> <td>Secretary</td> <td>Shawn D. Sullivan</td> <td>108-9th St.</td> <td>Lewiston</td> <td>ID</td> <td>83501</td> </tr> </tbody> </table>						Office Held	Name	Street or P.O. Address	City	State	Zip	President	John B. Sullivan	108-9th St.	Lewiston	ID	83501	Vice President	Shawn D. Sullivan	108-9th St.	Lewiston	ID	83501	Treasurer	John B. Sullivan	108-9th St.	Lewiston	ID	83501	Secretary	Shawn D. Sullivan	108-9th St.	Lewiston	ID	83501
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5. Signature of New Registered Agent 		6. Signature  Date 1/13/98 Name (Typed or Printed) John B. Sullivan Title President																																	

## INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

- 1.) Please pay special attention to the mailing address. If it is incorrect, please make the appropriate corrections.  
**NOTE:** The name of the business entity cannot be altered on the annual report form.
- 2.) If the registered agent has changed or moved, please make that correction on this form. The registered agent must be found IN IDAHO at a PHYSICAL ADDRESS. PO Boxes WILL NOT be accepted. If report is for a Limited Liability please refer to #4 below.
- 3.) Corporation: Enter names and addresses of ONLY the president, secretary, and directors in block 4.  
Limited Liability Company: Enter the names and addresses of the managers or members in block 4.  
**NOTE:** Putting "same as last year" WILL NOT be accepted.
- 4.) Limited Liability Company: If the registered agent has been changed in block 2, then the NEW registered agent must accept that position by signing in block 5.
- 5.) Corporation: Block 6 must be signed by an officer or chairman of the board of the corporation. Signer must specify his or her title.  
Limited Liability Company: Block 6 must be signed by a manager or member, who must specify his or her title.
- 6.) If new registered Agent, please sign block 5.

*original*

IDAHO SECRETARY OF STATE  
01/14/1998 09:00  
CK: 18756 CT: 71364 BH: 73024  
1 @ 30.00 = 30.00 CORP REINS