	INSTRI CT	IONS ON REVER	RSE SIDE			in Mar is 8 imai	e 4	
No. 58623	Idaho Corporat	aho Corporation Annual Report Form			2. Registered Agent and Office NOT A P.O. BOX			
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1,1991 1 Mailing Address - Please Correct II Not Correct				ROBERT J WHELAN 1725 WEST MAIN AVE			
	WHELAN INSUR ROEFRT J. WH 1725 MAIN ST	äLAN	CY, IN			IES d Under The		3 ° 5 1
NO FEE REQUIRED	ST. MARTES	ID 8	3861	"	o: 058	623	- N L L L L L L L.	
4. Names and Addresses of Officers	and Directors							
	Name	Street or F	O. Address		City		State 2	<u>lip</u>
President: Robert J. Whe Secretary: Patricia L. V Directors: Robert J. Whe Patricia L. V	Whelan elan	1725 Wes	11	Avenue	St.	Maries " "	Idaho " "	83861
			4	•				
5. Nature of Business	6. I certify the	it this Annual Re	port has be	en examined	by me and	is to the bea	st of my know	rledge
Insurance Sales	Signature Name (Typed or Printed)	atricia Patrici	a L. W	Whel helan	an		ober 14	