

INSTRUCTIONS ON REVERSE SIDE

ISSUED 07-04-1992

No. 69192	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX DAVID P. LEONARDSON MAIN STREET
Return To	Due No Later Than November 30, 1995		
Secretary of State 700 W Jefferson P.O. Box 83720 Boise ID 83720-0880 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct If Not Correct DAVID LEONARDSON INSURANCE AGEN DAVID P. LEONARDSON MAIN STREET		DUBOIS ID 83423
	DUBOIS ID 83423		3. Incorporated Under The Laws of ID NO: 69192

4. Names and Addresses of Officers and Directors

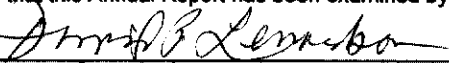
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Postal Code</u>
President:	David LEONARDSON	P.O. Box 267	DUBOIS	ID.	83423
Secretary:	TAMM LEONARDSON	" "	DUBOIS	ID.	83423
Directors:					

5. Nature of Business

 Insurance
 Agency

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



Date

8/2/95

Name (Typed or Printed)

DAVID P. LEONARDSON

Title

President