

No. 45296	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																													
Return To  <b>Secretary of State          Room 203, Statehouse          Boise, ID 83720</b>  NO FEE REQUIRED		1. Mailing Address <i>Please Correct If Not Correct</i>  <b>LIKKEI INSURANCE AGENCY, IN          GARY D. LIKKEI          221 EAST MAIN           GRANGEVILLE ID 83530</b>	<b>GARY D. LIKKEI          221 EAST MAIN ST.           GRANGEVILLE ID 83530</b>  3. Incorporated Under The Laws of ID  NO: 045296																												
4. Names and Addresses of Officers and Directors																															
<table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Gary D. Likkei</td> <td>Rt. 2 Box 222</td> <td>Grangeville,</td> <td>ID</td> <td>83530</td> </tr> <tr> <td>Secretary:</td> <td>Harold D. Likkei</td> <td>301 South Hall</td> <td>Grangeville,</td> <td>ID</td> <td>83530</td> </tr> <tr> <td rowspan="2">Directors:</td> <td>Gary D. Likkei</td> <td>Rt. 2 Box 222</td> <td>Grangeville,</td> <td>ID</td> <td>83530</td> </tr> <tr> <td>Harold D. Likkei</td> <td>301 South Hall</td> <td>Grangeville,</td> <td>ID</td> <td>83530</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Gary D. Likkei	Rt. 2 Box 222	Grangeville,	ID	83530	Secretary:	Harold D. Likkei	301 South Hall	Grangeville,	ID	83530	Directors:	Gary D. Likkei	Rt. 2 Box 222	Grangeville,	ID	83530	Harold D. Likkei	301 South Hall	Grangeville,	ID	83530
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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 Agency	Signature  Name <small>(Typed or Printed)</small> Gary D. Likkei	Date 7-8-91 Title President																													