

No. 081148 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 22 OCT 20 1988	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1988</i> 1. Mailing Address — Please Correct 081148 VITOLINS INSURANCE AGENCY, INC. IDA L. VITOLINS 1924 NORTHWEST BOULEVARD COEUR D'ALENE, IDAHO 83814	2. Registered Agent and Office IDA L. VITOLINS E. 3070 RIVERCREST POST FALLS, IDAHO 83854 3. Incorporated Under The Laws ENTERED of OCT 21 1988 STATE OF IDAHO																																			
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President: IDA L VITOLINS</td> <td>1924 NORTHWEST BLVD COEUR D'ALENE</td> <td></td> <td>ID</td> <td>83814</td> </tr> <tr> <td>Secretary: JAINA VITOLINS - WIFE</td> <td>1680 FIR ST S</td> <td>SALEM</td> <td>OR</td> <td>97302</td> </tr> <tr> <td>Directors: SARMA VITOLINS</td> <td>E 3070 RIVERCREST RD</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>AUGUSTIS VITOLINS</td> <td>E 3070 RIVERCREST RD</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>MARA VITOLINS</td> <td>E 3070 RIVERCREST RD</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> <tr> <td>VALDA VITOLINS</td> <td>E 3070 RIVERCREST RD</td> <td>POST FALLS</td> <td>ID</td> <td>83854</td> </tr> </tbody> </table>			<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President: IDA L VITOLINS	1924 NORTHWEST BLVD COEUR D'ALENE		ID	83814	Secretary: JAINA VITOLINS - WIFE	1680 FIR ST S	SALEM	OR	97302	Directors: SARMA VITOLINS	E 3070 RIVERCREST RD	POST FALLS	ID	83854	AUGUSTIS VITOLINS	E 3070 RIVERCREST RD	POST FALLS	ID	83854	MARA VITOLINS	E 3070 RIVERCREST RD	POST FALLS	ID	83854	VALDA VITOLINS	E 3070 RIVERCREST RD	POST FALLS	ID	83854
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5. Nature of Business INSURANCE SALES	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> Signature <i>IDA L Vitolins</i> Name (Typed or Printed) IDA L VITOLINS </td> <td style="width: 40%;"> Date 10-18-88 Title PRES. </td> </tr> </table>		Signature <i>IDA L Vitolins</i> Name (Typed or Printed) IDA L VITOLINS	Date 10-18-88 Title PRES.																																	
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