

No. 69632	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1989</i>	2. Registered Agent and Office DAVID S. TROY 625 8TH STREET
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 SEC. OF STATE NO FEE REQUIRED 89 JUL 28 AM 9 30	1. Mailing Address — <i>Please Correct</i> 69632 TROY INSURANCE AGENCY, INC. DAVID S. TROY PO BOX 796 LEWISTON ID 83501	LEWISTON ID 83501 3. Incorporated Under The Laws of IDAHO NO: 69632

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>Zip</u>
President:	David S Troy	2810 9th Avenue	Lewiston	Idaho	83501
Secretary:	Gisela H Troy	2810 9th Avenue	Lewiston	Idaho	83501
Directors:					

5. Nature of Business

INSURANCE

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

Name (Typed or Printed)

DAVID S TROY

Date

Title

7-26-89

PRESIDENT