

No. <b>C110955</b>	<b>Annual Report Form</b> <b>1996</b> <i>Due No Later Than November 30,</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct. If Not Correct  <b>ERWIN C. MARKHART INSURANCE,</b>  <b>1865 E MERMAN</b>  <b>HAYDEN LAKE ID 83835</b>		<b>ERWIN C MARKHART</b> <b>1865 E MERMAN</b>  <b>HAYDEN LAKE ID 83835</b>
<b>* FIRST NOTICE *</b>		3. Organized Under the Laws of:  <b>ID C110955</b>	<b>ID C110955</b>
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
<i>President</i>	<i>ERWIN C. MARKHART</i>	<i>215 W. Commerce DR</i>	<i>Hayden ID 83835</i>
<del><i>Secretary</i></del>	<i>Lillian L. Markhart</i>	<i>1865 E. Merman DR</i>	<i>Hayden ID 83835</i>
<del><i>Director</i></del>	<i>ERWIN C. MARKHART</i>	<i>215 W. Commerce DR</i>	<i>Hayden ID 83835</i>
<i>Director</i>	<i>Lillian L. Markhart</i>	<i>215 W. Commerce DR</i>	<i>" " "</i>
5. <b>NATURE OF BUSINESS</b>  <b>RECRUITING INSURANCE AGENTS</b>		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 <u><i>Erwin C. Markhart</i></u> Date <u><i>7/96</i></u> Name (Typed or Printed) <u><i>ERWIN C. MARKHART</i></u> Title <u><i>President</i></u>	

ISSUED: 07-06-1996

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