	INSTRUCTIONS ON REVERSE SIDE	ISSUED OCTOBER 12, 1989
No. 51970	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To	Due No Later Than November 1,1989 1. Mailing Address — Please Correct 61970	102 SOUTH MAIN
Secretary of State Room 203, Statehouse Boise, ID 83720	W. DALE MCGAHAN INSURANCE AGENCY W. DALE MCGAHAN	TROY ID 8387
* FINSALC. (NOSTATEE **	P. O. BOX 309	3. Incorporated Under The Laws of IDAHO
NO FEE REQUIRED 89 0CT 20 AM 9 19 4. Names and Addresses of Office	TROY ID 83871	NO: 61970
4. Names and Addresses of Office		
	Name Street or P.O. Address	<u>City</u> <u>State</u> <u>Zip</u>
President: W. Dale McGaha	n 102 South Main, Box 309 Tro	oy, Idaho 83871
Secretary: Kathryn J. McC Directors:	ahan 102 South Main, Box 309 Tro	oy, Idaho 83871
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5. Nature of Business	Certify that this Annual Report has been example true, correct and complete.	nined by me and is to the best of my knowledge
Insurance	Signature W. Que M. Sub-	Date 10/18/89
	111100/ 114	