

No. C106010

Annual Report Form  
Due No Later Than November 30, 1995Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080  
**NO FEE REQUIRED**

## 1. Mailing Address - Please Correct, If Not Correct

MOUNTAIN VALLEY INSURANCE, I  
JASON C NIELSON  
361 S 300 E2. Registered Agent and Office **NOT A P.O. BOX**WINSTON V BEARD  
683 N CAPITAL

IDAHO FALLS ID 83405

## 3. Organized Under the Laws of:

ID C106010

## 4. Corporations: Enter Names and Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (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>
President	Jason C. Nielson	361 S. 300 E	Rexburg	Idaho	83440
Secretary	Winston V. Beard	2105 Coronado	Idaho Falls	Idaho	83404

5.

NATURE OF BUSINESS  
INSURANCE AGENCY

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  
(Type or  
Printed)

Jason Nielson

Date

7-19-96

Title

President

ISSUED: 07-06-1995

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