

No. 69192	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To	Due No Later Than November 1, 1990	DAVID P. LEONARDSON MAIN STREET
Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct	
	DAVID LEONARDSON INSURANCE DAVID P. LEONARDSON MAIN STREET	DUBOIS ID 83423 77 3. Incorporated Under The Laws of ID NO: 069192
NO FEE REQUIRED	DUBOIS ID 83423	

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 LEONARDSON	P.O. Box 267	DUBOIS	Idaho	83423
Secretary:	TERRI LEONARDSON	P.O. Box 267	DUBOIS	ID.	83423
Directors:					

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

(Typed or
Printed)David P. Leonardson
DAVID P. LEONARDSON

Date

Title

7/10/90
President