

Annual Report Form

Due No Later Than November 30,

1996

2. Registered Agent and Office NOT A P.O. BOX

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

ARCHIBALD-PHILLIPS AGENCY, I
GARY ARCHIBALD
P. O. BOX 96

REXBURG

ID 83440

D. GARY ARCHIBALD
117 W. MAIN, BOX 96

REXBURG ID 83440

3. Organized Under the Laws of:

ID C 44865

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office heldNameStreet or P.O. AddressCityStateZip

President

Gary Archibald

117 W. Main

Rexburg

Idaho

83440

Secretary

Barbara Archibald

117 W. Main

Rexburg

Idaho

83440

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

D. Gary Archibald

Date

8/1/96

Name (Typed or Printed)

D. Gary Archibald

Title

President

ISSUED: 07-06-1996

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