

INSTRUCTIONS ON REVERSE SIDE

No. 79981	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Due No Later Than November 1, 1991	CARLOS FERREIRA 822 ARTHUR STREET																								
	1. Mailing Address: <i>Please Correct If Not Correct</i>																									
	CAF INSURANCE AGENCY, INC. CARLOS FERREIRA 822 ARTHUR STREET CALDWELL ID 83605	CALDWELL ID 83605 3. Incorporated Under The Laws of ID NO: 079981																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Carlos A. Ferreira</td> <td>822 Arthur St.</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Secretary:</td> <td>Carlos A. Ferreira</td> <td>822 Arthur St.</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> <tr> <td>Directors:</td> <td>Carlos A. Ferreira</td> <td>822 Arthur St.</td> <td>Caldwell</td> <td>ID</td> <td>83605</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Carlos A. Ferreira	822 Arthur St.	Caldwell	ID	83605	Secretary:	Carlos A. Ferreira	822 Arthur St.	Caldwell	ID	83605	Directors:	Carlos A. Ferreira	822 Arthur St.	Caldwell	ID	83605
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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. <table border="1"> <tr> <td data-bbox="533 902 1070 968"> Signature  Name (Typed or Printed) Carlos A. Ferreira </td> <td data-bbox="1070 902 1620 968"> Date Title President </td> </tr> </table>		Signature  Name (Typed or Printed) Carlos A. Ferreira	Date Title President																						
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