

No. <b>C 52666</b>	<b>Annual Report Form</b> <i>Due No Later Than November 30, 1996</i>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct		RAY A. BOWEN 131 SOUTH EIGHTH  ST. MARIES ID 83861	
	RAY A. BOWEN AGENCY, INC. RAY A. BOWEN P. O. BOX 365		3. Organized Under the Laws of:	
<b>* FIRST NOTICE *</b>				
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (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	Robert Bowen	1545 Center Ave.	St. Maries	Id 83861
Secretary	Debbie Bowen	1545 Center Ave.	St. Maries	Id 83861
5. NATURE OF BUSINESS Insurance Agency ANY LAWFUL		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 <u><i>Robert Bowen</i></u> Date <u>7/22/96</u> Name <small>(Typed or Printed)</small> <u>ROBERT BOWEN</u> Title <u>President</u>		

ISSUED: 07-06-1996

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