

No. C 69192	Annual Report Form 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX DAVID P. LEONARDSON MAIN STREET DUBOIS ID 83423
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct DAVID LEONARDSON INSURANCE A DAVID P. LEONARDSON MAIN STREET DUBOIS ID 83423	3. Organized Under the Laws of: ID C 69192
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> 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	David LEONARDSON	P.O. Box 251
		Dubois
		Id.
		82423
Vice Pres	TARRI LEONARDSON	P.O. Box 251
		Dubois
		Id.
		82423
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 <u>David P. Leonardson</u> Date <u>10-18-96</u> Name (Typed or Printed) <u>DAVID P. LEONARDSON</u> Title <u>President</u>	
ISSUED: 10-05-1996		3053