

INSTRUCTIONS ON REVERSE SIDE

No. 87452	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991	2. Registered Agent and Office NOT A P.O. BOX																								
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	1. Mailing Address Please Correct If Not Correct	THERON J. MILLER 825 EAST 17TH STREET IDAHO FALLS ID 83401																								
	FUNERAL PLANNING CORPORATION THERON J. MILLER 825 EAST 17TH STREET IDAHO FALLS ID 83401 0000	3. Incorporated Under The Laws of ID NO: 087452																								
4. Names and Addresses of Officers and Directors																										
<table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Theron Miller</td> <td>210 Academy</td> <td>Id Falls</td> <td>ID</td> <td>83401</td> </tr> <tr> <td>Secretary:</td> <td>Clarice Miller</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				Name	Street or P.O. Address	City	State	Zip	President:	Theron Miller	210 Academy	Id Falls	ID	83401	Secretary:	Clarice Miller					Directors:					
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President:	Theron Miller	210 Academy	Id Falls	ID	83401																					
Secretary:	Clarice Miller																									
Directors:																										
5. Nature of Business Pre-need Funeral Svc	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>Theron Miller</u> Date <u>10-31-91</u> Name (Typed or Printed) <u>Theron Miller</u> Title <u>Pres.</u>																									