

<b>No. 74830</b>  Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>** FINAL NOTICE **</b> <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b>  <i>Due No Later Than November 1,</i> 1. Mailing Address — <i>Please Correct</i>  <b>SOUTHEAST INSURANCE AGENCY,</b> <b>RALPH GALLOWAY</b> <b>P. O. BOX 342</b> <b>210-1st West</b> <b>MONTPELIER Bern ID 83234 83220</b>	2. Registered Agent and Office  <b>RALPH GALLOWAY</b> <b>856 WASHINGTON STREET</b>  <b>MONTPELIER ID 83254</b> 3. Incorporated Under The Laws of ID  <b>NO: 074830</b>
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## 4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Ralph D. Galloway	210-1st West	Bern	Id	83220
Secretary:	Elaine M. Galloway	210-1st West	Bern	Id	83220
Directors:	David R. Galloway	760 Grant St.	Montpelier	Id	83254

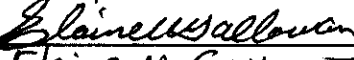
## 5. Nature of Business

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

Name (Typed or Printed)

  
 Elaine M. Galloway

Date

Title

10-10-90

Secretary