

No. 73282	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 NO FEE REQUIRED	1. Mailing Address <i>Please Correct If Not Correct</i> SMITH ENTERPRISES, LTD. JOHNNY F. SMITH 963 SOUTH ORCHARD, STE. A BOISE ID 83705		JOHNNY F. SMITH 963 SOUTH ORCHARD, STE. A BOISE ID 83705																									
			3. Incorporated Under The Laws of ID NO: 073282																									
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>Johnny F. Smith</td> <td>P.O. Box 202</td> <td>Idaho City</td> <td>ID</td> <td>83631</td> </tr> <tr> <td>Secretary:</td> <td>Charlene D. Smith</td> <td>P.O. Box 202</td> <td>Idaho City</td> <td>ID</td> <td>83631</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:	Johnny F. Smith	P.O. Box 202	Idaho City	ID	83631	Secretary:	Charlene D. Smith	P.O. Box 202	Idaho City	ID	83631	Directors:					
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Directors:																												
5. Nature of Business Insurance annuities		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>Charlene D. Smith</u> Date <u>7-11-91</u> Name (Typed or Printed) <u>Charlene D. Smith</u> Title <u>Sec/Treas</u>																										