

No.	<b>Idaho Corporation Annual Report Form</b> <b>1992</b> <i>Due No Later Than November 1,</i>	<b>2. Registered Agent and Office NOT A P.O. BOX</b> <b>ALMA MONROE ARGYLE, III</b> <b>1655 FIRST STREET, BOX 23</b>  <b>IDAHO FALLS ID 83401</b>
Return To  <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>* FIRST NOTICE *</b> <b>NO FEE REQUIRED</b>	<b>1. Mailing Address - Please Correct, If Not Correct</b>  <b>AMERICAN INSURANCE SERVICE, INC</b> <b>ALMA MONROE ARGYLE, III</b> <b>1655 FIRST STREET, BOX 23</b>  <b>IDAHO FALLS ID 83401 0000</b>	<b>3. Incorporated Under The Laws</b> <b>of</b>  <b>NO: 68531</b>

## 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:	Al Argyle	P O Box 1766	Idaho Falls,	ID	83403-1766
Secretary:	Jan Argyle	P O Box 1766	Idaho Falls,	ID	83403-1766
Directors:					

## 5. Nature of Business

**Insurance Sales**  
**Life, health, accident**

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)

Al Argyle

Date

7-14-92

Title

President