

ISSUED: 07-05-1994

No. 45296	Idaho Corporation Annual Report Form Due No Later Than November 1, 1994	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED		1. Mailing Address — LIKKEI INSURANCE AGENCY, INC. GARY D. LIKKEI 221 EAST MAIN GRANGEVILLE ID 83530

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:	GARY D. LIKKEI	RT 2 BOX 222	GRANGEVILLE	ID	83530
Secretary:	MARILYN M. RYLANDER	RT 2 BOX 62	GRANGEVILLE	ID	83530
Directors:					

JUL 12 1994

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

(Typed or Printed)
Name

GARY D. LIKKEI

Date

Title

President