

No. 946008	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1987</i>		2. Registered Agent and Office LARRY CHRISTENSEN 712 MAIN AVE. SOUTH TWIN FALLS, IDAHO 83301																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address — Please Correct TABER INSURANCE, INC. PAUL R. TABER, JR. 712 MAIN AVE. SOUTH TWIN FALLS, IDAHO 83301		3. Incorporated Under The Laws of STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors																												
<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></th> <th style="width: 35%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 15%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Larry Christensen</td> <td>P. O. Box 144</td> <td>Twin Falls,</td> <td>Idaho</td> <td>833030014</td> </tr> <tr> <td>Secretary:</td> <td>Clayta Christensen</td> <td>712 Main Ave South</td> <td>Twin Falls</td> <td>Idaho</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td>Same</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Larry Christensen	P. O. Box 144	Twin Falls,	Idaho	833030014	Secretary:	Clayta Christensen	712 Main Ave South	Twin Falls	Idaho	83301	Directors:	Same				
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Directors:	Same																											
5. Nature of Business		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>Clayta Christensen</u> Date <u>9/24/87</u> Name (Typed or Printed) <u>Clayta Christensen</u> Title <u>Sec-Treas</u>																										

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