INSTRUCTIONS ON REVERSE SIDE

No. 74509

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1991

1. Mailing Address *Please Correct If Not Correct*

MOUNTAIN STATES INSURANCE G
MARK L. ANDREASEN
P. O. BOX 795

SODA SPRINGS ID 83276

2. Registered Agent and Office NOT A P.O. BOX

MARK L. ANDREASEN
30 EAST 2ND SOUTH

SODA SPRINGS ID 83276

3. Incorporated Under The Laws of ID

NO: 074509

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	Mark L. Andreasen	12235 N. Hwy 34	Preston	ID	83263
Secretary:	Karen K. Andreasen	12235 N. Hwy 34	Preston	ID	83263
Directors:	Dee L. Andreasen	12232 N. Hwy 34	Preston	ID	83263

5. Nature of Business

Insurance Agency

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 [signature] Date 7-11-91

Name (Typed or Printed) Mark L. Andreasen Title President