

INSTRUCTIONS ON REVERSE SIDE

No. 81144

Idaho Corporation Annual Report Form

Due No Later Than November 1,

1. Mailing Address — Please Correct, If Not Correct

VITOLINS INSURANCE AGENCY, INC.

IDA L. VITOLINS

610 W. HUBVARD BAY 108

COEUR D'ALENE

ID 83814

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

IDA L. VITOLINS

E. 3070 RIVERCREST

POST FALLS

ID 83854

3. Incorporated Under The Laws

of

ID

NO: 81148

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720** FINAL NOTICE **
NO FEE REQUIRED

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	Ida L. Vitolins	E 3070 River Crest Rd.	Post Falls	ID	83854
Secretary:	Daina A. Vitolins -Wise	1680 Fir St South	Salem O	OR	97302
Directors:	Valda A. Vitolins	E 3070 RiVer Crest Rd.	Post Falls	ID	83854
	Augusts Vitolins	E 3070 River Crest Rd.	Post Falls	ID	83854
	Mara Z. Vitolins	E 3070 River Crest Rd.	Post Falls	ID	83854
	Sarma M. Vitolins	E 3070 River Crest Rd.	Post Falls	ID	83854

5. Nature of Business

Insurance sales & service

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)

Ida L. Vitolins

Date

10/27/94

Title

President