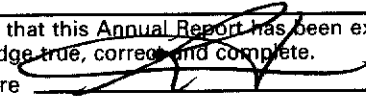


No. C 61526	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX													
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct HOYLE & ASSOCIATES INSURANCE RICK W HOYLE 210 W. MALLARD DR. BOISE ID 83706		RICK W HOYLE 210 W. MALLARD DR. BOISE ID 83706 3. Organized Under the Laws of: ID C 61526													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="1" data-bbox="16 340 1457 425"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT/SECRETARY</td> <td>RICK HOYLE</td> <td>210 W. MALLARD</td> <td>BOISE</td> <td>ID</td> <td>83706</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT/SECRETARY	RICK HOYLE	210 W. MALLARD	BOISE	ID	83706
Office held	Name	Street or P.O. Address	City	State	Zip											
PRESIDENT/SECRETARY	RICK HOYLE	210 W. MALLARD	BOISE	ID	83706											
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  Date 10/11/1996 Name (Typed or Printed) RICK W. HOYLE Title PRESIDENT/SECRETARY															
ISSUED: 10-05-1996 7287																