

No. C 44675		Annual Report Form 1996 Due No Later Than November 30,		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		1. Mailing Address - Please Correct, If Not Correct FALLS INSURANCE CENTER, INC. RODNEY M. TIEKEN BOX 1882		RODNEY M. TIEKEN 210 JENCO RIGBY ID 83442	
* FIRST NOTICE *		IDAHO FALLS ID 83403		3. Organized Under the Laws of: ID C 44675	
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)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President	Rodney M. Tieken	4141 East	32 North	Rigby	ID 83442
Secretary	Jason T. Dahl	361 North	4450 East	Rigby, ID	83442
RECEIVED JUL 15 1996					
<p>THE FALLS INSURANCE CENTER, INC. IDAHO FALLS, IDAHO</p>					
5. NATURE OF BUSINESS <i>Insurance Sales</i> ANY LAWFUL		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>Rodney M. Tieken</u> Date <u>7-15-96</u> Name (Typed or Printed) <u>Rodney M. Tieken</u> Title <u>President</u>			

ISSUED: 07-06-1996

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