

No. 78154	Idaho Corporation Annual Report Form Due No Later Than November 1, 1990		2. Registered Agent and Office
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b> <b>TO</b>		<b>THOMAS S. NIELD</b> <b>2755 POLELINE ROAD</b> <b>POCATELLO ID 83201</b>	
1. Mailing Address — Please Correct		3. Incorporated Under The Laws of ID	
<b>NIELD, INC.</b> <b>THOMAS S. NIELD</b> <b>P.O. BOX 578</b>		NO: 078154	
NO FEE REQUIRED		POCATELLO	ID 83204

## 4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	THOMAS S. NIELD	244 ADAMS	CHUBBUCK	ID	83202
Secretary:	KAREN H. NIELD	244 ADAMS	CHUBBUCK	ID	83202
Directors:	THOMAS S. NIELD	244 ADAMS	CHUBBUCK	ID	83202

## 5. Nature of Business

**INSURANCE  
AGENT**

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  
Name (Printed)

  
THOMAS S. NIELD

Date  
Title

7/9/90  
PRES.