

No. 69632	Idaho Corporation Annual Report Form	2. Registered Agent and Office
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	<i>Due No Later Than November 1, 1990</i>	DAVID S. TROY 625 8TH STREET
	1. Mailing Address — <i>Please Correct</i>	
	TROY INSURANCE AGENCY, INC. DAVID S. TROY PO BOX 796 LEWISTON ID 83501	LEWISTON ID 83501 3. Incorporated Under The Laws of ID NO: 069632

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	DAVID S TROY	PO BOX 796	LEWISTON	IDAHO	83501
Secretary:	GISELA H TROY	PO BOX 796	LEWISTON	IDAHO	83501
Directors:					
VICE PRESIDENT	DAVID S TROY JR	PO BOX 796	LEWISTON	IDAHO	83501

5. Nature of Business

INSURANCE SALES

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 (Typed or Printed)

DAVID S TROY JR

Date

7-10-90

Title

VICE PRESIDENT