

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-05-1994

No. 54060

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1994

1. Mailing Address — Please Correct, If Not Correct

IDAHO COUNTY TITLE COMPANY, INC
MARGARET A. ALBERS
319 WEST MAIN

GRANGEVILLE ID 83530

2. Registered Agent and Office **NON-PO BOX**DENNIS L. ALBERS
401 WEST NORTH

GRANGEVILLE ID 83530

3. Incorporated Under The Laws

of ID
NO: 54066

Return To

Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080* FIRST 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:	THOMAS E LEUCK	P O BOX 305	GRANGEVILLE	ID	83530
Secretary:	DENNIS L ALBERS	P O BOX 314	GRANGEVILLE	ID	83530
Directors:	ABOVE +				
	J PAUL EIMERS V.P.	P O BOX 168	GRANGEVILLE	ID	83530
	MARGARET A ALBERS TREAS.	P O BOX 314	GRANGEVILLE	ID	83530
	JUDITH E LEUCK	P O BOX 305	GRANGEVILLE	ID	83530
	KATHLEEN A EIMERS	P O BOX 168	GRANGEVILLE	ID	83530

5. Nature of Business

TITLE 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

Name (Typed or Printed)

Margaret A. Albers
MARGARET A ALBERS

Date 10-21-94

Title TREASURER