

No. 080165	Idaho Corporation Annual Report Form		2. Registered Agent and Office																									
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 RECEIVED SEC. OF STATE 88 JUL 11 AM 10 37	Due No Later Than November 1, 1988		JERRY K. DODDS 125 MAIN ST NORTH KIMBERLY, IDAHO 83341																									
	1. Mailing Address — Please Correct 080165																											
	DODDS-STROLBERG INSURANCE AGENCY JERRY K. DODDS BOX A KIMBERLY, IDAHO 83341		3. Incorporated Under The Laws of STATE OF IDAHO																									
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></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:</td> <td>JERRY K. DODDS</td> <td>P. O. BOX 894</td> <td>KIMBERLY,</td> <td>IDAHO</td> <td>83341</td> </tr> <tr> <td>Secretary:</td> <td>RAYMOND V. STROLBERG</td> <td>1910 SAN LARUE AVE.,</td> <td>TWIN FALLS,</td> <td>IDAHO</td> <td>83301</td> </tr> <tr> <td>Directors:</td> <td>N O N E</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	JERRY K. DODDS	P. O. BOX 894	KIMBERLY,	IDAHO	83341	Secretary:	RAYMOND V. STROLBERG	1910 SAN LARUE AVE.,	TWIN FALLS,	IDAHO	83301	Directors:	N O N E				
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5. Nature of Business INSURANCE AGENCY		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="1"> <tr> <td>Signature</td> <td>Date 7-7-88</td> </tr> <tr> <td>Name (Typed or Printed) JERRY K. DODDS</td> <td>Title PRESIDENT</td> </tr> </table>			Signature	Date 7-7-88	Name (Typed or Printed) JERRY K. DODDS	Title PRESIDENT																				
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 JUL 11 1988