

No. C107625	Annual Report Form Due No Later Than November 30, 1995		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  JAY L. ASHTON INSURANCE AGENCY JAY L. ASHTON 226 E 5TH AVE		JAY L. ASHTON 226 E 5TH AVE  MERIDIAN ID 83642		
* FIRST NOTICE *	MERIDIAN	ID 83642	3. Organized Under the Laws of:  ID C107526		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input checked="" type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Jay L. Ashton	104 Palmer Dr.	Nampa	Id.	83686
Sec.	Junell Ashton	" " "	"	"	"
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. Signature <u>Jay L. Ashton</u> Date <u>7-16-96</u> Name (Typed or Printed) <u>Jay L. Ashton</u> Title <u>Pres.</u>			

ISSUED: 07-06-1995

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