

No. C107626	Annual Report Form 1996 Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX JAY L ASHTON 225 E 5TH AVE MERIDIAN ID 83642
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 MERIDIAN ID 83642		3. Organized Under the Laws of: ID C107626
* FIRST NOTICE * ID 83642			
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)			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>
<u>State</u>	<u>Zip</u>		
<u>Pres.</u>	<u>Jay L. Ashton</u>	<u>104 Palmer Dr.</u>	<u>Nampa</u>
<u>Sec.</u>	<u>Junell Ashton</u>	<u>" " "</u>	<u>" " "</u>
<u>Id.</u>	<u>83686</u>		
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: 07-06-1996

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