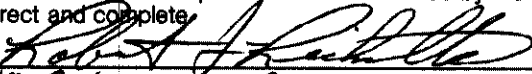


No. 4950	Idaho Corporation Annual Report Form		2. Registered Agent and Office NOT A P.O. BOX																					
Return To  Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1991		ROBERT J. RICKETTS																					
	1 Mailing Address - Please Correct If Not Correct		1705 NORTH COLE ROAD																					
	RICKETTS AND ASSOCIATES, IN ROBERT J. RICKETTS 1705 NORTH COLE ROAD		BOISE ID 83704																					
NO FEE REQUIRED	BOISE ID 83704		3. Incorporated Under The Laws of ID																					
NO: 064950																								
4. Names and Addresses of Officers and Directors																								
<table border="1"> <thead> <tr> <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: ROBERT J. RICKETTS</td> <td>10394 BARNSDALE DR.</td> <td>BOISE</td> <td>IDAHO</td> <td>83704</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: ROBERT J. RICKETTS	10394 BARNSDALE DR.	BOISE	IDAHO	83704	Secretary:					Directors:				
Name	Street or P.O. Address	City	State	Zip																				
President: ROBERT J. RICKETTS	10394 BARNSDALE DR.	BOISE	IDAHO	83704																				
Secretary:																								
Directors:																								
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  Name (Typed or Printed) ROBERT J. RICKETTS Date 8-9-91 Title PRESIDENT																						