

No. 076496	Idaho Corporation Annual Report Form		2. Registered Agent and Office																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 OCT 17 PM 1 30	Due No Later Than November 1, 1988		LARRY J. RICKS 1587 E. 17TH IDAHO FALLS, IDAHO 83404 ENTERED OCT 19 1988																					
	1. Mailing Address — Please Correct 076496																							
	RICKS INSURANCE SERVICE, INC. HAROLD J. MENAMARA LARRY J. RICKS BOX 570 1587 E. 17th IDAHO FALLS, IDAHO 83402 83404		3. Incorporated Under The Laws of STATE OF IDAHO																					
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: Larry J Ricks</td> <td>1587 E 17th</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</td> </tr> <tr> <td>Secretary: Mary Ricks</td> <td>1587 E 17th</td> <td>Idaho Falls</td> <td>ID</td> <td>83404</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: Larry J Ricks	1587 E 17th	Idaho Falls	ID	83404	Secretary: Mary Ricks	1587 E 17th	Idaho Falls	ID	83404	Directors:				
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Secretary: Mary Ricks	1587 E 17th	Idaho Falls	ID	83404																				
Directors:																								
5. Nature of Business Life + Health 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. <table border="0"> <tr> <td>Signature</td> <td><i>Larry J. Ricks</i></td> <td>Date</td> <td>10/14/88</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Larry J Ricks</td> <td>Title</td> <td>Pres</td> </tr> </table>			Signature	<i>Larry J. Ricks</i>	Date	10/14/88	Name (Typed or Printed)	Larry J Ricks	Title	Pres												
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