

Annual Report Form
Due No Later Than November 30,

1990

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
*** FIRST NOTICE ***

1. Mailing Address - Please Correct, If Not Correct
NORTH STATE INSURANCE AND IN
GARTH WEME
207 ALDER ST **Po Box 61**
506 **SANDPOINT** **ID 83864**

GARTH WEME
~~445 CEDAR ST~~ **712 MAIN ST.**
SANDPOINT **ID 83864**
 3. Organized Under the Laws of:
ID **C111741**

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors
 Limited Liability Companies: Enter Names and Addresses of Managers or 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>
President	GARTH D. WEME	712 MAIN ST. Sandpoint, Id. 83864	"	"	"
VP	CARLA L. WEME	"	"	"	"

5. Signature of New Registered Agent

6.

Signature

Name (Typed or Printed)

Date

7.17.90

Title

Pres

ISSUED: 07-03-1990

30712

DO NOT TAPE OR STAPLE