

No. 83387

## 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

\* FIRST NOTICE \*  
NO FEE REQUIRED

Due No Later Than November 1, 1997

1. Mailing Address: *Please Print or Type*

STRADLEY INSURANCE, INC.  
H. ROBERT STRADLEY  
229 NORTH MAIN

H. ROBERT STRADELY, JR.  
229 NORTH MAIN

KIMBERLY ID 83341

KIMBERLY ID 83341

3. Incorporated Under The Laws  
of ID  
NO: 83387

## 4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	Robb Stradley	Box S	Kimberly	Idaho	83341
Secretary:	Helen Stradley	Box S	Kimberly	Idaho	83341
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 (Printed)

*Robb Stradley*  
Robb Stradley

Date

Title

7/14/93  
President