

No. <b>C 92817</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1996</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>  <b>BLAYNE G. ROUNDS</b> <b>85 SOUTH STATE STREET</b>  <b>PRESTON ID 83206</b>	
Return to: <b>SECRETARY OF STATE</b> <b>700 WEST JEFFERSON</b> <b>PO BOX 83720</b> <b>BOISE, ID 83720-0080</b>  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>VALLEY INSURANCE, INC.</b> <b>VERN BASTIAN</b> <b>50 A BANNOCK ST</b>  <b>MALAD ID 83252</b>		3. Organized Under the Laws of:  <b>ID C 92817</b>	
* <b>FIRST NOTICE *</b>				
4. Corporations: Enter Names and Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	Blayne G. Rounds	85 S. St. St.	Preston	ID 83206
Vice Pres.	Vern Bastian	60 A Bannock	Malad	ID 83252
Secretary	Arlyn E Rounds	94 S Main #A	Logan	UT 84321
5. <b>NATURE OF BUSINESS</b>  <b>INSURANCE AGENCY</b>		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>Vern Bastian</u> Date <u>7-24-96</u> Name <small>(Typed or Printed)</small> <u>VERN BASTIAN</u> Title <u>V. Pres.</u>		

ISSUED: 07-06-1996

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