

ISSUED: 07-05-1994

No. 69632

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1994

Return To

Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address — Please Correct, If Not Correct

TROY INSURANCE AGENCY, INC.
DAVID S. TROY
PO BOX 796

LEWISTON

ID 83501

2. Registered Agent and Office

DAVID S. TROY
625 8TH STREET

LEWISTON

ID 83501

3. Incorporated Under The Laws

of ID

NO: 69632

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

NameStreet or P.O. AddressCityStateZip

President: DAVID S TROY JR
Secretary: GISELA H TROY
Directors: NONE
VICE PRESIDENT - DAVID S TROY SR

817 PROSPECT
2810 9TH AVENUE
2810 9TH AVENUE

LEWISTON IDAHO 83501
LEWISTON ID 83501
LEWISTON IDAHO 83501

5. Nature of Business

INSURANCE SALES AND SERVICE

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)

Date

7/13/94