

ISSUED: 07-01-1993

No. 99902	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, 1993		WAYNE ALBERT SHAW, SR. 616 MAIN ST																									
	1. Mailing Address HERNDON INSURANCE AGENCY, INC. WAYNE ALBERT SHAW, SR. PO BOX 193 CARMEN ID 83462		SALMON ID 83467 3. Incorporated Under The Laws of ID NO: 99902																									
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th></th> <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:</td> <td>Wayne A. Shaw SR</td> <td>PO BOX 193</td> <td>CARMEN</td> <td>ID</td> <td>83462</td> </tr> <tr> <td>Secretary:</td> <td>STUART LUND</td> <td>106 WASHINGTON ST</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Wayne A. Shaw SR	PO BOX 193	CARMEN	ID	83462	Secretary:	STUART LUND	106 WASHINGTON ST	SALMON	ID	83467	Directors:					
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Secretary:	STUART LUND	106 WASHINGTON ST	SALMON	ID	83467																							
Directors:																												
5. Nature of Business INSURANCE AGENT	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="1"> <tr> <td>Signature</td> <td><i>Wayne A. Shaw SR</i></td> <td>Date</td> <td>9/15/93</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Wayne A. Shaw SR</td> <td>Title</td> <td>PRES</td> </tr> </table>				Signature	<i>Wayne A. Shaw SR</i>	Date	9/15/93	Name (Typed or Printed)	Wayne A. Shaw SR	Title	PRES																
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