No. C 69632	Annual Report Form  Due No Later Than Novembe	er 30
Return to: SECRETARY OF STATE	1. Mailing Address - Please Correct, If Not C	CAUTH C TROV
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	TROY INSURANCE AGENCY DAVID S. TROY	Y. INC. LEWISTON ID 83501
NO FEE REQUIRED	PO BOX 796	3. Organized Under the Laws of:
* FIRST NOTICE *		83501 ID C 69632
<ol> <li>Corporations: Enter Names and I Limited Liability Companies: Enter</li> </ol>	Business Addresses of <b>President, Secretary</b> er Names and Addresses of <b>(2) Managers</b> o	y and Directors or : Members (check one)
Office held Name	Street or P.O. Address	s <u>City</u> State Zip
PRESIDENT DAVID	5. Trzou 625 8th 5	ST LEWISTON ID 83501
SELTRERS. GISEL		= LEWISTON ID 83501
•		다. 그렇게 나.
		1.
5. Signature of New Registered	Agent 6. Signature	Date 7/5/99
	Name (Typed or VAVIO	13. Troy JR Title Kes Dent
ISSUED: 07-03-1	999	11955