INSTRUCTIONS ON REVERSE SIDE

ISSUED: 06-30-1990

No. 78207

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1990

1. Mailing Address — *Please Correct*

ARCHIBALD INSURANCE CENTER
LYNN ARCHIBALD
117 WEST MAIN, BOX 96

REXBURG ID 83440

2. Registered Agent and Office

LYNN D. ARCHIBALD
117 W. MAIN, BOX 96

REXBURG ID 83440 7

3. Incorporated Under The Laws of ID

NO: 078207

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	LYNN D. ARCHIBALD	73 N. 3RD EAST	REXBURG	ID	83440
Secretary:	PATRICIA S. ARCHIBALD	1690 S. 1000 WEST	REXBURG	ID	83440
Directors:					

5. Nature of Business

INSURANCE

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: Lynn D. Archibald Date: 7-6-90

Name (Typed or Printed): LYNN D. ARCHIBALD Title: PRES