	INSIK	UCTIONS ON REVERSE SIDE			
No 31.233	Idaho Corporation Annual Report Form		2. Registered Agent and Office		
Return To	Due No Later Than November 1,1936		JAMES L. WELCH 123 SOUTH BROADWAY BUHL. IDAHO 83316 3. Incorporated Under The Laws of JUL 114 0000 STATE OF IDAHO		
Secretary of State Room 203, Statehouse Boise ID 83720 REUS ATE	1. Mailing Address — Please Correct 0 31 2 3 3				
	WELCH OBENCHAIN INSURANCE, INC. BARKER-OBENCHAIN INSURANC P. O. BOX 549 BUHL, IDAHO 83316				
o IIII 14 FIN 8 59					
	Name	Street or P.O. Address	<u>City</u>	<u>State</u>	<u>Zip</u>
President: Secretary: Directors:	James L. Welch Tim Obenchain Dave Wheat	P.O. Box 549 P.O. Box 269 P.O. Box 269	Buhl Twin Falls Twin Falls	Idaho Idaho Idaho	83316 83303 83303
		<u>,</u>			
5. Nature of Business INSURANCE	true, corre	nat this Annual Report has been example and complete.	mined by me and is to the	best of my	knowledge
<u> </u>	Name Arimed (James L. Welch	Title P	resident	