

No. C 64048

## Annual Report Form

1996

2. Registered Agent and Office NOT A P.O. BOX

Return to:  
SECRETARY OF STATE  
700 WEST JEFFERSON  
PO BOX 83720  
BOISE, ID 83720-0080

NO FEE REQUIRED

## 1. Mailing Address - Please Correct, If Not Correct

MOUNTAIN VIEW TITLE, INC.  
GABRIEL J. RECLA  
BOX A D

GABRIEL J. RECLA  
201 MAIN ST

IDAHO CITY ID 33631

## 3. Organized Under the Laws of:

ID C 64048

\* FIRST NOTICE \*

IDAHO CITY ID 33631

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**  
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office heldNameStreet or P.O. AddressCityStateZip

Pres

Gabriel J. Recla

Recla

3955 S. Argonaut Ave.  
Boise, Idaho 83709-4706

SEc.

Barbara Recla

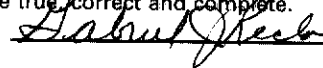
same

## 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



Date

7/16/96

Name (Typed or Printed)

Title

Pres

ISSUED: 07-06-1993

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