

INSTRUCTIONS ON REVERSE SIDE

No. 82923	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	WILLIAM F. POST 4477 EMERALD STE. A-200
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080	1. Mailing Address - Please Correct if Not Correct POST INSURANCE SERVICES, INC. WILLIAM F. POST P. O. BOX 8447	P. O. BOX 8447 BOISE ID 83707
* FIRST NOTICE *	BOISE ID 83707	3. Incorporated Under The Laws of ID
NO FEE REQUIRED		NO: 82923

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	William F. Post	P.O. Box 8447	Boise	ID	83707
Secretary:	Cynthia L. Henbach	P.O. Box 8447	Boise	ID	83707
Directors:					

~~Vice Pres: Craig S. Metto P.O. Box 8447 Boise ID 83707~~
WP

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

Name (Typed or Printed)

William F. Post

Date

Title

7-17-95

PRES.