

No. 14833

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address (Print or Type)

STONEBRAKER INSURANCE, INC.
D. KEITH STONEBRAKER
P. O. BOX 448

LEWISTON

ID 83501

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

PHILIP W. STONEBRAKER
1029 MAIN ST.

LEWISTON

ID 83501

3. Incorporated Under The Laws

of ID

NO: 14833

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

NameStreet or P.O. AddressCityStateZip

President:

D. KEITH STONEBRAKER

P.O. BOX 69G

JULIAETTA,

ID

83535

Secretary:

MARILYN STONEBRAKER

1224 3RD STREET

LEWISTON,

ID

83501

Directors:

D. KEITH STONEBRAKER

P.O. BOX 60 G

JULIAETTA,

ID

83501

MEREL STONEBRAKER

135 BAILEY DRIVE

LEWISTON,

ID

83501

PHILIP STONEBRAKER

1224 3RD STREET

LEWISTON,

ID

83501

STONEBRAKER McCLEARY

JUL 12 1993

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 (Printed)

Date

Title

Phil Stonebraker
Phil Stonebraker

7/27/93
T.P.