

No. C104566	Annual Report Form Due No Later Than November 30, 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		EDWARD A BECK 412 E MULLAN POST FALLS ID 83854																
	ED BECK INSURANCE AGENCY, IN EDWARD A BECK PO BOX 727 POST FALLS ID 83854		3. Organized Under the Laws of: ID C104566																
	4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>Edward Beck</td> <td>4591 Inverness Dr</td> <td>Post Falls</td> <td>Id</td> <td>83854</td> </tr> <tr> <td>V.P. - Sec/Gen</td> <td>JoAnn Beck</td> <td>" "</td> <td>" "</td> <td>" "</td> <td>" "</td> </tr> </tbody> </table>		Office held	Name	Street or P.O. Address	City	State	Zip	Pres	Edward Beck	4591 Inverness Dr	Post Falls	Id	83854	V.P. - Sec/Gen	JoAnn Beck	" "	" "	" "
Office held	Name	Street or P.O. Address	City	State	Zip														
Pres	Edward Beck	4591 Inverness Dr	Post Falls	Id	83854														
V.P. - Sec/Gen	JoAnn Beck	" "	" "	" "	" "														
5. NATURE OF BUSINESS INSURANCE SALES & SERVICE		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 <u>Edward A. Beck</u> Date <u>7-22-96</u> Name (Typed or Printed) <u>Edward A. Beck</u> Title <u>Pres</u>																	

ISSUED: 07-06-1996

27023