

No. 69192

Idaho Corporation Annual Report Form

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

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

Due No Later Than November 1, 1993

1. Mailing Address (If different from above)

DAVID LEONARDSON INSURANCE AGEN
DAVID P. LEONARDSON
MAIN STREET

DUBOIS

ID 83423

DAVID P. LEONARDSON
MAIN STREET

DUBOIS

ID 83423

3. Incorporated Under The Laws

of

ID

NO: 69192

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

NameStreet or P.O. AddressCityStateZip

President:

DAVID P. LEONARDSON P.O. BOX 267

DUBOIS

ID

83423

Secretary:

THOMAS L. LEONARDSON P.O. BOX 267

DUBOIS

ID

83423

Directors:

5. Nature of Business

Insurance
Agency

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

David P. Leonardson
Name (Printed)

7/8/93

President