

INSTRUCTIONS ON REVERSE SIDE

No. C 53837	Idaho Corporation Annual Report Form Due No Later Than November 1,		2. Registered Agent and Office WILLIAM MCKLVEEN 300 NORTH SIXTH STREET BOISE ID 83702																							
Return To REINSTATEMENT Secretary of State Room 203, Statehouse BOISE ID 83720 FORFEITED 12/01/1995 SECRETARY OF STATE STATE OF IDAHO FEE 30.00	1. Mailing Address — Please Correct		3. Incorporated Under The Laws of Idaho C 53837																							
	MT. HOPE INSURANCE AGENCY, INC. JULIE BROWN BOX 146280 CHICAGO IL 60614																									
4. Names and Addresses of Officers and Directors																										
<table border="0"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Elizabeth A. Carney</td> <td rowspan="3">P.O. Box 99 St. Francisville, ILL 62460</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Secretary:</td> <td>Carie M. Carney</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td>Elizabeth A. Carney</td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Elizabeth A. Carney	P.O. Box 99 St. Francisville, ILL 62460				Secretary:	Carie M. Carney				Directors:	Elizabeth A. Carney			
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5. Nature of Business		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td><i>Elizabeth A. Carney</i></td> <td>Date</td> <td>9/20/97</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td></td> <td>Title</td> <td>Pres./Shareholder</td> </tr> </table>			Signature	<i>Elizabeth A. Carney</i>	Date	9/20/97	Name (Typed or Printed)		Title	Pres./Shareholder														
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SECRETARY OF STATE
STATE OF IDAHO