		Annual Report Form  Due No Later Than November 30,  1. Mailing Address - Please Correct, If Not Correct  THOMPSON INSURANCE AGENCY, I WILLIAM D. THOMPSON 235 W. BRIDGE STR = 50X 519  BLACKFOOT ID 83221  Addresses of President, Secretary and Directors er Names and Addresses of Managers or Members		2. Registered Agent and Office NOT A P.O. BOX  VILLAM D. THOMPSON  138 JEST BRIDGE STREET  BLACKFOOT ID 83221  3. Organized Under the Laws of:  ID C 61363  (check one)			
Office held	<u>Name</u>	Street	or P.O. Address		City	State	Zip
President Secretary	Wîllîam D. Dwîght Bak	er 41	0. Box 519 4 Shoup Ave.		Blackfoot, Idaho Falls,	ID ID	83221 83405
	BUSINESS	knowledge Signature )	true, correct and co	mplete.		0-19-2	
ISSUED:	37-06-199	5			1 5	348	