No. c100525	Annual Report Form Due No Later Than November 30, 1996	2. Registered Age	nt and Office NOT A P.O. BO	χ
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	1. Mailing Address - Please Correct, If Not Correct PAPINEAU INSURANCE AGENCY / I	207 S M.		
NO FEE REQUIRED	GREG PAPINEAU 207 S Main St.	NOSCOW 3. Organized Und	ID 8384:	<u>3</u> —
* FIRST NOTICE *	MOSCOW ID 83843	ID	C100525	
	Addresses of President, Secretary and Directors er Names and Addresses of I Managers or I Members	(check one)		
Office held Name	Street or P.O. Address	City	State Zip	
Assidual D. Gregon	1 Repinear PO Bx 9797 V	Nosia,	DO 83113	
Robbert D. Gregon Sect Free. John F.	Papineau RX=1, Bx 87C	'uldesac,	78 83271	
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5. NATURE OF BUSINES:	6. I certify that this Annual Report has been exposed and complete. Signature	•	and is to the best of my	
INSURANCE SALES	Name (Typed or Gres Pagires	Title .	President	<u> </u>
ISSUED: 37-06-1	996	;	26464	_