		INSTRUC	CTIONS ON REVERSE SIDE	ISSUED: 10	
No. 47618		Idaho Corporation Annual Report Form Due No Later Than November 1, 1. Mailing Address — Please Correct CITICORP INSURANCE AGENCY, MAIL STATION #2.2 P. 0. BOX 27332		2. Registered Agent and Office CT CORPORATION SYSTEM 300 NORTH 6TH ST.	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE **					
				3. Incorporated Under The Laws of ID	
				NO FEE RE	
4. Names and Addre	esses of Office	rs and Directors			
		<u>Name</u>	Street or P.O. Address	<u>City</u>	State Zip
_	ichard E. Bu	· · · · -	Address for all:		
	ichard M. Zud ichard E. Bu		P.O. Box 27332	St. Louis	MO 63141
	ordon P. Sch	· · · -			
L	aura M. Shea	rin			
			•		
			•		
5. Nature of Busines		6 Loortify the	at this Annual Report has been ex	amined by me and is to the	hest of my knowledge
		true, corre	gt and complete.		Doct of my miormodgo
Insurance sales		Signature 2	Edward C. Shank	Date Oc	tober 10, 1990

Edward C. Shanks

Vice President