No. C111741	Annual Report Form 1 y 27 Due No Later Than November 30.		Office NOT A P O BOX
Return to: SECRETARY OF STATE	1 Mailing Address Please Correct, If Not Correct	GARTH WEM	•
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NORTH STATE INSURANCE AND IN GARTH WEME 415 CEDAR ST.	SANDPOINT	ID 83644
NO FEE REQUIRED	707 alder St	3. Organized Under the	Laws of
* FIRST NOTICE *	SANDPOINT ID 53564	10	0111741
	er Names and Addresses of   Managers or   Members		_
	Street or P.O. Address	City	State Zio
Fresident G	ARTH D. WEME 712 MAIN S	, TUIONOWA	, 10 63860
ATTICSICULT C	MRIAD WEINE 412 IDAIN S	MOROINT,	, 10 6386
ATPRICOLT C	ARIAD WEINE +12 IDAIN S	MOROINT,	, 10 63 <b>86</b>
ATTIESICULT C	MRIAD WEINE 412 INAIN S	MOROINT,	, NO 6386
ATTIESICULT C	MRIAD WEINE 412 INAIN S	MOROINT,	, VD - 6386
ATTESICULATE	MRIAD WEINE +12 INAIN S	MOROINT,	, (D - 6386)
	TE.	MOROINT	6386
	6.		1
	6. Signature	Date	1
	6.	Date	12.162
ISSUED: 07-04-19	Signature Name (Typed or Privace)	Date 3	124/97 resident
j.	Signature Name (Typed or Conth D with	Date 7	124/97 resident