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| No. 58623   | Idaho Corporation Annual Report Form   | 2. Registered Agent and Office NOT A P.O. BOX                                   |
| Return To<br><br>Secretary of State<br>700 W Jefferson<br>P.O. Box 83720<br>Boise, ID 83720-0080<br>* FIRST NOTICE *<br>NO FEE REQUIRED | Due No Later Than November 30, 1995  | ROBERT J WHELAN<br>1725 WEST MAIN AVE   |
|   | 1. Mailing Address - Please Correct If Not Correct   |   |
|   | WHELAN INSURANCE AGENCY, INC.<br>ROBERT J. WHELAN<br>1725 MAIN STREET<br><br>ST. MARIES ID 83861 | ST. MARIES ID 83861<br><br>3. Incorporated Under The Laws of<br>ID<br>NO: 58623 |

## 4. Names and Addresses of Officers and Directors

|            | Name               | Street or P.O. Address | City       | State | Postal Code |
|------------|--------------------|------------------------|------------|-------|-------------|
| President: | Robert J. Whelan   | 1725 West Main Ave.    | St. Maries | ID    | 83861-1238  |
| Secretary: | Patricia L. Whelan | " " " "                | " "        | " "   | " "         |
| Directors: | Robert J. Whelan   | " " " "                | " "        | " "   | " "         |
|            | Patricia L. Whelan | " " " "                | " "        | " "   | " "         |

## 5. Nature of Business

Insurance Sales

6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete.

Signature Patricia L. Whelan Date July 20, 1995  
 Name (Typed or Printed) Patricia L. Whelan Title Sec.-Treas.