INSTRUCTIONS ON REVERSE SIDE

No. 5782

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1991

1. Mailing Address *Please Correct If Not Correct*

DWIGHT STEVENS INSURANCE AG
DWIGHT M. STEVENS
702 MONROE

SALMON ID 83467

2. Registered Agent and Office NOT A P.O. BOX

DWIGHT M. STEVENS
702 MONROE STREET

SALMON ID 83467

3. Incorporated Under The Laws of ID

NO: 045782

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	DWIGHT M STEVENS	702 MONROE	SALMON	IDA	83467
Secretary:	PROD A-A STEVENS	SAME	SAME		
Directors:					

5. Nature of Business

INSURANCE

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 Dwight M Stevens Date 8-23-91

Name (Typed or Printed) DWIGHT M STEVENS Title