

No. C 92739

Annual Report Form

1996

Due No Later Than November 30,

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

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

HERRGESELL INSURANCE, INC.
HENRY HERRGESELL
634 SOUTH LINCOLN

JEROME

ID 83338

HENRY HERRGESELL
634 SOUTH LINCOLN

JEROME ID 83338

3. Organized Under the Laws of:

ID C 92739

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office heldNameStreet or P.O. AddressCityStateZip

owner
President

H. HERRGESELL

5850 U.S. Hwy 93

Jerome

Id

83338

B. CHRIS HERRGESELL

5850 U.S. Hwy 93

Jerome

Id

83338

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

Date

7/3/96

Name (Typed or Printed)

Title

HENRY HERRGESELL

President

ISSUED: 07-06-1996

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