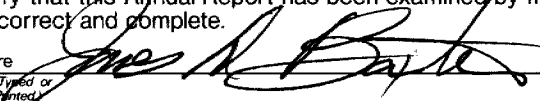
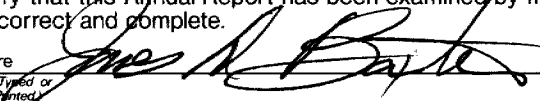
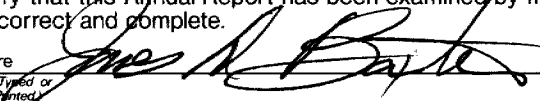


ISSUED: 07-05-1994

| No. 34916 | Idaho Corporation Annual Report Form | | 2. Registered Agent and Office | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|---|--|--|--------------|------------|--|-------------------------------|-------------|-------------------------|------------|------------|-----------------|---------------|-------|----|-------|------------|--|--|--|--|--|------------|--|--|--|--|--|
| Return To Secretary of State Room 203, Statehouse P.O. BOX 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED | Due No Later Than November 1, 1994 | | JAMES D. BAXTER 4708 FAIRVIEW BOISE ID 83706 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 1. Mailing Address — BAXTER-MITCHELL FINANCIAL SERVI JAMES D. BAXTER P.O. BOX 6360 BOISE ID 83661 | | 3. Incorporated Under The Laws of ID NO: 84916 | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 4. Names and Addresses of Officers and Directors | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>James D. Baxter</td> <td>P.O. BOX 6360</td> <td>Boise</td> <td>ID</td> <td>83707</td> </tr> <tr> <td>Secretary:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | | | | | | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | James D. Baxter | P.O. BOX 6360 | Boise | ID | 83707 | Secretary: | | | | | | Directors: | | | | | |
| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | | | |
| President: | James D. Baxter | P.O. BOX 6360 | Boise | ID | 83707 | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. <table border="1"> <tr> <td>Signature</td> <td rowspan="2"></td> <td>Date</td> <td>7/24/94</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Title</td> <td>Pres</td> </tr> </table> | | | Signature |  | Date | 7/24/94 | Name (Typed or Printed) | Title | Pres | | | | | | | | | | | | | | | | | |
| Signature |  | Date | 7/24/94 | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name (Typed or Printed) | | Title | Pres | | | | | | | | | | | | | | | | | | | | | | | | | |