

INSTRUCTIONS ON REVERSE SIDE

No. 17102	Idaho Corporation Annual Report Form		2. Registered Agent and Office		
	Due No Later Than November 1, 1988		A. BRUCE LARSON 241 SOUTH MAIN SODA SPRINGS, IDAHO 83276		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720-0203 SEC. OF STATE 88 JUL 12 AM 9 53276	1. Mailing Address — Please Correct WESTERN TITLE, INC. A. BRUCE LARSON 241 SOUTH MAIN SODA SPRINGS, IDAHO 83276	3. Incorporated Under The Laws of STATE OF IDAHO			
4. Names and Addresses of Officers and Directors					
Name		Street or P.O. Address	City	State	Zip
President:	A. Bruce Larson	P.O. Box 608	Soda Springs,	Id	83276
Secretary:	Suzanne Kofoed	241 So. 2nd W.	"	"	"
Directors:	ENTERED				
5. Nature of Business title insurance writer		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 Name (Printed or Signed)		Suzanne Kofoed		Date July 11, 1988 Title Sec.	