

No. C 44802

Annual Report Form

1995

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

1. Mailing Address - Please Correct, If Not Correct

J. D. SMITH INSURANCE, INC.
JERRY D. SMITH
5130 DECATUR

BOISE

ID 83704

JERALD D. SMITH
5130 DECATUR

BOISE

ID 83704

3. Organized Under the Laws of:

ID

C 44802

* FIRST NOTICE *

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

PRES

J. D. Smith

5130 DECATUR

Boise

ID

83704

SEC.

Wilma C Smith " "

"

"

"

5. NATURE OF BUSINESS

INSURANCE AGENCY

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

7-28-96

Name (Typed or Printed)

J. D. Smith

Title

PRES

ISSUED: 07-06-1996

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