

No. C 69144	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX ROBERT A. CARNEY C 514 W JEFFERSON ADA CITY COURTHOUSE BOISE ID 83702
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct INSURANCE PROGRAMMERS, INC. ROBERT A. CARNEY PO BOX 25111 PORTLAND OR 97298		3. Organized Under the Laws of: ID C 69144

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 held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	ROBERT A. CARNEY	P.O. Box 25111	Portland	OR	97298-0111
SECRETARY	ROBERT A. CARNEY	P.O. Box 25111	Portland	OR	97298-0111
DIRECTOR	ROBERT A. CARNEY	P.O. Box 25111	Portland	OR	97298-0111

5. NATURE OF BUSINESS

INACTIVE

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

Name (Typed or Printed)

Title

ISSUED: 10-05-1996

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