

No. C 75223	Annual Report Form 1996 <i>Due No Later Than November 30,</i>	2. Registered Agent and Office NOT A P.O. BOX KAREN POULSON 102 CALIFORNIA AVE COUNCIL ID 83612
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 INTERMOUNTAIN INSURANCE SERV KAREN POULSON P. O. BOX 587	3. Organized Under the Laws of: ID C 75223
* FIRST NOTICE * COUNCIL ID 83612		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input checked="" type="checkbox"/> Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
PRESIDENT	KAREN POULSON	2024 COUNCIL CUPRUM RD
SEC-TREAS	DONALD POULSON	2024 COUNCIL CUPRUM RD
MEMBER	TERRY LARSEN	P.O. Box 223
		COUNCIL ID 83612
5. NATURE OF BUSINESS INSURANCE SALES		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 <u>Karen Poulson</u> Date <u>7-22-96</u> Name (Typed or Printed) <u>KAREN POULSON</u> Title <u>OWNER</u>

ISSUED: 07-06-1996

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