

No. C 78207

Annual Report Form

Due No Later Than November 30,

1997

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

★ FIRST NOTICE ★

1 Mailing Address - Please Correct, If Not Correct

ARCHIBALD INSURANCE CENTER,
LYNN ARCHIBALD
117 WEST MAIN, BOX 96

REXBURG

ID 83440

LYNN D. ARCHIBALD
117 W. MAIN, BOX 96

REXBURG ID 83440

3 Organized Under the Laws of:

ID

C 78207

4. Corporations: Enter Names and Business 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

LYNN D. ARCHIBALD

117 WEST MAIN ST.

REXBURG, ID

83440

SEC.

PATRICIA S. ARCHIBALD

1640 S. 1000 WEST

REXBURG, ID

83440

5.

6.

Signature

Lynn D. Archibald

Date

7-30-97

Name (Typed or Printed)

LYNN D. ARCHIBALD

Title

PRES

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

9997