	INSTRUCT	IQNS ON REVE	RSE SIDE	'm Treus	0 · 10 7 - 1	1 = 1 3 5 1	
No. 58623	Idaho Corporation Annual Report Form Due No Later Than November 1, Mailing Address: "This was Consent to the Consent of			2. Registered	Agent and O	ffice NOT	A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720				ROPERT J WHELAN 1725 WEST MAIN AVE			
	WHELAN INSURANCE AGENCY, INC. ROBERT J. WHELAN 1725 MAIN STREET		ST. MAR		ŢĢ	83961	
* FIRST NOTICE *			3. Incorporated Under The Laws of				
NO FEE REQUIRED	ST. MARIES			NO: 58	623		
4. Names and Addresses of Office	rs and Directors	MUST B	E PRINTED O	R TYPED			······································
	Name	Street or P.0	O. Address	City	!	State	Zip
President: Robert J. Wi Secretary: Patricia L.		1725 West	Main Avenu	ue St.	Maries	I d a	83861
Directors: Robert J. Wh Patricia L.		ff ff ff ff	87 89 87	99 99	11 11	11	11
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Nature of Business	6. I certify that	this Annual Rep	ort has been exam	nined by me and	l is to the bes	at of my kr	nowledge
Insurance Sales	Signature Name (Typed or Printed)	and complete. Alricia Patricia	L. Whelan	Kelan		Trea	, 1993
<u> </u>	Pramed)	ratificia	L. WHETAH		THE SEC.	, – ггеа	<u>s.</u>