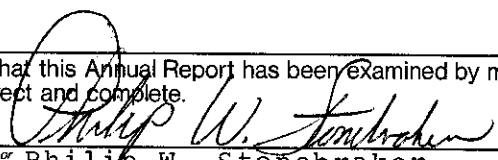


No. 14833 Return To: Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1990</i> <hr/> 1. Mailing Address — Please Correct STONEBRAKER INSURANCE, INC. D. KEITH STONEBRAKER P. O. BOX 448 LEWISTON ID 83501	2. Registered Agent and Office PHILIP W. STONEBRAKER 1029 MAIN ST. LEWISTON ID 83501 3. Incorporated Under The Laws of ID NO: 014833
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4. Names and Addresses of Officers and Directors					
	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	D. Keith Stonebraker	P. O. Box 69G	Juliaetta,	ID	83535
Secretary:	Marilyn K. Stonebraker	1224 3rd Street	Lewiston,	ID	83501
Directors:	D. Keith Stonebraker				
	Philip W. Stonebraker	1224 3rd Street	Lewiston,	ID	83501
	Merel E. Stonebraker	135 Bailey Drive	Lewiston,	ID	83501

5. Nature of Business Insurance	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <div style="text-align: center; margin-top: 10px;">  Signature Name (Typed or Printed) Philip W. Stonebraker </div> <div style="text-align: right; margin-top: 10px;"> Date July 20, 1990 Title Vice-President </div>
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