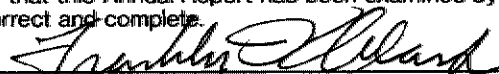
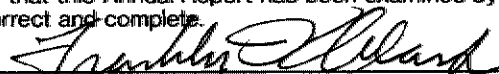
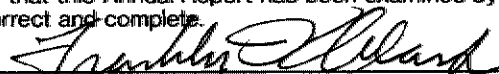


No. Return to 042037 Secretary of State Room 203, Statehouse Boise, ID 83720 Forfeited 12/1/92 REINSTATEMENT FEE: \$44.00	Idaho Corporation Annual Report Form Due No Later Than November 1,		2. Registered Agent and Office FRANKLIN K CLARK 119 N Commercial Glenss Ferry ID 83623																									
	1. Mailing Address — Please Correct 1994 K CLARK AGENCY, INC. P O BOX 700 GLENN'S FERRY ID 83623	3. Incorporated Under The Laws of ID 42037																										
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Franklin K Clark</td> <td>P.O. Box 8</td> <td>Glenss Ferry</td> <td>ID</td> <td>83623</td> </tr> <tr> <td>Secretary:</td> <td>Marian B. Clark</td> <td>P.O. Box 8</td> <td>Glenss Ferry</td> <td>ID</td> <td>83623</td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>						Name	Street or P.O. Address	City	State	Zip	President:	Franklin K Clark	P.O. Box 8	Glenss Ferry	ID	83623	Secretary:	Marian B. Clark	P.O. Box 8	Glenss Ferry	ID	83623	Directors:					
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Directors:																												
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. <table border="1"> <tr> <td>Signature</td> <td></td> <td>Date</td> <td>August 16, 1995</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>Franklin K Clark</td> <td>Title</td> <td>President</td> </tr> </table>			Signature		Date	August 16, 1995	Name (Typed or Printed)	Franklin K Clark	Title	President																
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