

No. C103762	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX PHILIP A NELSON 451 EASTLAND DRIVE TWIN FALLS ID 83301	
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 PHILIP A. NELSON, LUTCF, AAI PHILIP A NELSON 451 EASTLAND DRIVE TWIN FALLS ID 83301		3. Organized Under the Laws of: ID C103762	
* FIRST NOTICE *				
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 type="checkbox"/> Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
Pres.	Philip A. Nelson	451 Eastland	Twin Falls	Id 83301
Sec.	Lella S. Nelson	451 Eastland	Twin Falls	Id 83301
5. NATURE OF BUSINESS INSURANCE AGENCY		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>Philip A. Nelson</u> Date <u>7-12-96</u> Name (Typed or Printed) <u>Philip A. Nelson</u> Title <u>Pres</u>		

ISSUED: 07-06-1995

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