

No. C103762

**Annual Report Form**  
Due No Later Than November 30, 1996

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

PHILIP A. NELSON, LUTCF, AAI  
PHILIP A NELSON  
451 EASTLAND DRIVE

TWIN FALLS ID 83301

2. Registered Agent and Office **NOT A P.O. BOX**

PHILIP A NELSON  
451 EASTLAND DRIVE  
TWIN FALLS ID 83301

3. Organized Under the Laws of:

ID C103762

4. Corporations: Enter Names and Addresses of President, Secretary and Directors

Limited Liability Companies: Enter Names and Addresses of  Managers or  Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
Pres.	Philip A. Nelson	451 Eastland	Twin Falls	Id	83301
Sec.	Leila 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 Philip Nelson Date 7-12-96Name (Typed or Printed) Philip A. Nelson Title Pres

ISSUED: 07-06-1996

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