INSTRUCTIONS ON REVERSE SIDE

No. J14833

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1988

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

REC'D
SEC. OF STATE

88 JUL 18 AM 10 25

1. Mailing Address — *Please Correct* 014833

STONEBRAKER INSURANCE, INC.
O. KEITH STONEBRAKER
P. O. BOX 448
LEWISTON, IDAHO
83501

2. Registered Agent and Office

PHILIP W. STONEBRAKER
1029 MAIN ST.
LEWISTON, IDAHO
83501

3. Incorporated Under The Laws of

STATE OF IDAHO

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
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	Same as Above			
	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.

*Signature Philip W. Stonebraker

Name (Typed or Printed) Philip W. Stonebraker

Date July 12, 1988

Title Vice-President