

INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-05-1994

No. 106010

Idaho Corporation Annual Report Form

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

Return To
**Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080**

★ FIRST NOTICE ★
NO FEE REQUIRED

Due No Later Than November 1, 1994

1. Mailing Address — *Not a P.O. Box if Not Current*

**MOUNTAIN VALLEY INSURANCE, INC.
JASON C NIELSON
361 S 300 E

REXBURG ID 83440**

**WINSTON V BEARD
683 N CAPITAL**

IDAHO FALLS ID 83405

3. Incorporated Under The Laws
of ID
NO: 106010

4. Names and Addresses of Officers and Directors **MUST BE PRINTED OR TYPED**

	Name	Street or P.O. Address	City	State	Zip
President:	Jason C. Nielson	P.O. Box 216	Rexburg	Idaho	83440
Secretary:	Winston V. Beard	683 N Capital	Idaho Falls	Idaho	83405
Directors:					

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	<i>Jason Nielson</i>	Date	7-21-94
Name (Printed)	Jason Nielson	Title	President