

No.	Idaho Corporation Annual Report Form 1992 <i>Due No Later Than November 1,</i>		2. Registered Agent and Office NOT A P.O. BOX DAVID S. TROY JR. 625 8TH STREET LEWISTON ID 83501
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address — Please Correct, If Not Correct TROY INSURANCE AGENCY, INC. DAVID S. TROY PO BOX 796 LEWISTON ID 83501 0000		3. Incorporated Under The Laws of NO: 69632

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	DAVID S TROY JR	817 PROSPECT	LEWISTON	ID	83501
Secretary:	GISELA H TROY	2810 9TH AVENUE	LEWISTON	ID	83501
Directors:					
VICE PRESIDENT	DAVID S TROY	2810 9TH AVENUE	LEWISTON	ID	83501

5. Nature of Business INSURANCE SALES & SERVICE	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="0"> <tr> <td data-bbox="525 893 693 978"> Signature <small>(Typed or Printed Name)</small> DAVID S TROY JR </td> <td data-bbox="693 893 1615 978"> Date 7-14-92 Title PRESIDENT </td> </tr> </table>	Signature <small>(Typed or Printed Name)</small> DAVID S TROY JR	Date 7-14-92 Title PRESIDENT
Signature <small>(Typed or Printed Name)</small> DAVID S TROY JR	Date 7-14-92 Title PRESIDENT		