lo. C 74509	Annual Report Form 19 Due No Later Than November 30,	97 2. Registered Age	0.000	
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	MARK L. 30 EAST		
	MOUNTAIN STATES INSURANCE G MARK L. ANDREASEN P. O. BOX 795		RINGS I	
* FIRST NOTICE *	SODA SPRINGS ID 83276	10	c i	74509
	Business Addresses of President, Secretary and Directo er Names and Addresses of I Managers or I Mem	rs bers (check one)		
Office held Name	Street or P.O. Address	<u>City</u>	State	<u>Zip</u>
Mark L. Andreasen, Presid	tent 12235 N. Hwy 34	Preston	ID	83263
Karren K. Andreasen, Secre	etary 12235 N. Hwy 34	Preston	ID	83263
	6. Signature Wall hade	Date .		•
	Name (Typed or North L. Audit.	_ Title _	700	
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ISSUED: 07-04-1			2916	