

## INSTRUCTIONS ON REVERSE SIDE

No. 69192

## Idaho Corporation Annual Report Form

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

Return To

Due No Later Than November 1, 1991

DAVID P. LEONARDSON  
MAIN STREETSecretary of State  
Room 203, Statehouse  
Boise, ID 837201. Mailing Address: *Please Correct If Not Correct*

DUBOIS ID 83423

DAVID LEONARDSON INSURANCE  
DAVID P. LEONARDSON  
MAIN STREET3. Incorporated Under The Laws  
of ID

NO FEE REQUIRED

DUBOIS ID 83423

NO: 069192

## 4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Zip
President:	DAVID LEONARDSON	P.O. BOX 251	DUBOIS	ID	83423
Secretary:	TARRI LEONARDSON	P.O. BOX 251	DUBOIS	ID	83423
Directors:					

## 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

Name (Typed or Printed)

  
 DAVID P. LEONARDSON

Date

Title

 7/8/91  
 President