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| No. 69192 | JUL 10 1989 Idaho Corporation Annual Report Form | 2. Registered Agent and Office DAVID P. LEONARDSON MAIN STREET |
| Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED | Due No Later Than November 1, 1989 | |
| | 1. Mailing Address — Please Correct 69192 DAVID LEONARDSON INSURANCE AGENCY DAVID P. LEONARDSON MAIN STREET DUBOIS ID 83423 | 3. Incorporated Under The Laws of IDAHO NO: 69192 |

4. Names and Addresses of Officers and Directors

| | Name | Street or P.O. Address | City | State | Zip |
|------------|---------------------|------------------------|--------|-------|-------|
| President: | DAVID P. LEONARDSON | P.O. BOX 267 | DUBOIS | Ida | 83423 |
| Secretary: | TARRI L. LEONARDSON | P.O. BOX 267 | DUBOIS | Ida. | 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
DAVID P. LEONARDSON

Date

Title

7/10/89
President