INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-04-1995

No. 108921

Idaho Corporation Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address - Please Correct If Not Correct

HARVEY INSURANCE AGENCY, INC.
MARCHELLE A HARVEY
PO BOX 2797

OROFINO ID 83544

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

MARCHELLE A HARVEY
1222D KENT AVE

OROFINO ID 83544

3. Incorporated Under The Laws of

ID
NO: 108921

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	MARCHELLE A. HARVEY	P.O. BOX 2797	OROFINO	ID.	83544
Secretary:	KENNETH W. HARVEY	P.O. BOX 1857	OROFINO	ID.	83544
Directors:	NONE				

5. Nature of Business

INSURANCE SALES

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 Marchelle A. Harvey Date 8-10-95.

Name (Typed or Printed) MARCHELLE A. HARVEY Title PRES.