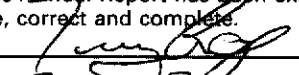


No. C 86667	Annual Report Form Due No Later Than November 30, 1996		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct, If Not Correct PROFESSIONAL BENEFITS, INC. TERRY R. ARP 3915 W STATE ST		TERRY R. ARP 3915 W STATE ST BOISE ID 83703
* FIRST NOTICE *	BOISE	ID 83703	3. Organized Under the Laws of: ID C 86667

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Terry R. ARP	3915 W. STATE	Boise	ID	83703
VP/Sec	Peggy A. ARP	3915 W. STATE	Boise	ID	83703

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 <u></u> Date <u>7/22/96</u> Name (Typed or Printed) <u>Terry R. ARP</u> Title <u>President</u>
---	--

ISSUED: 07-06-1996

19975