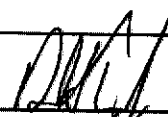


No. <b>C 69632</b>	<b>Annual Report Form</b> Due No Later Than November 30, <b>1997</b>		2. Registered Agent and Office <b>NOT A P.O. BOX</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FEE REQUIRED</b>	1. Mailing Address - Please Correct, If Not Correct  <b>TROY INSURANCE AGENCY, INC.</b> <b>DAVID S. TROY</b> <b>PO BOX 796</b>  <b>LEWISTON ID 83501</b>		<b>DAVID S. TROY</b> <b>625 8TH STREET</b>  <b>LEWISTON ID 83501</b>	
<b>* FIRST NOTICE *</b>	3. Organized Under the Laws of:		ID <b>C 69632</b>	
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
PRESIDENT	DAVID S. TROY, JR.	P.O. BOX 796	LEWISTON	ID 83501
SECRETARY	GISENA H TROY	P.O. BOX 796	LEWISTON	ID 83501
5.		6.		
Signature 		Date <b>10-23-97</b>		
Name (Typed or Printed) <b>DAVID S TROY JR</b>		Title <b>PRESIDENT</b>		

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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