

No. 12429	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1991</i>		2. Registered Agent and Office NOT A P.O. BOX ADA LOUISE MANN 131 S 8TH ST MARIES ID 83861																																					
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address: Please Correct If Not Correct BENEWAH COUNTY ABSTRACT CO. ADA LOUISE MANN P. O. BOX 365 ST MARIES ID 83861		3. Incorporated Under The Laws of ID NO: 012429																																					
NO FEE REQUIRED																																								
4. Names and Addresses of Officers and Directors <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;"></th> <th style="width: 30%; text-align: center;"><u>Name</u></th> <th style="width: 30%; text-align: center;"><u>Street or P.O. Address</u></th> <th style="width: 15%; text-align: center;"><u>City</u></th> <th style="width: 10%; text-align: center;"><u>State</u></th> <th style="width: 5%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>Ada Louise Mann</td> <td>Rt. 1, Box 102</td> <td>Plummer</td> <td>ID</td> <td>83851</td> </tr> <tr> <td>Secretary:</td> <td>Ada E. Barnes</td> <td>Rt. 1, Box 102</td> <td>Plummer</td> <td>ID</td> <td>83851</td> </tr> <tr> <td>Directors:</td> <td>William J. Mann</td> <td>Rt. 1, Box 102</td> <td>Plummer</td> <td>ID</td> <td>83851</td> </tr> <tr> <td></td> <td>Ada Louise Mann</td> <td>Rt. 1, Box 102</td> <td>Plummer</td> <td>ID</td> <td>83851</td> </tr> <tr> <td></td> <td>Ada E. Barnes</td> <td>Rt. 1, Box 102</td> <td>Plummer</td> <td>ID</td> <td>83851</td> </tr> </tbody> </table>						<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	Ada Louise Mann	Rt. 1, Box 102	Plummer	ID	83851	Secretary:	Ada E. Barnes	Rt. 1, Box 102	Plummer	ID	83851	Directors:	William J. Mann	Rt. 1, Box 102	Plummer	ID	83851		Ada Louise Mann	Rt. 1, Box 102	Plummer	ID	83851		Ada E. Barnes	Rt. 1, Box 102	Plummer	ID	83851
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5. Nature of Business Title Insurance		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) Ada Louise Mann Date 7-19-91 Title President																																						