

No. C107673	Annual Report Form 1996 Due No Later Than November 30,		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 ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct NORTHWEST INSURANCE SERVICES KENWORTH PLAZA STE 1 PO BOX 9028 MOSCOW ID 83843		MICHAEL FREDRICKSON 127 SOUTH WASHINGTON MOSCOW ID 83843
			3. Organized Under the Laws of: ID C107673

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
Pres/Sec.	Michael L. Fredrickson	P.O. Box 9028	MOSCOW	ID	83843
V. Pres/Trea.	Kristine D. Fredrickson	P.O. Box 9028	MOSCOW	ID	83843

5. NATURE OF BUSINESS <i>Insurance Sales</i> ANY LAWFUL	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: <i>Kristine D. Fredrickson</i> Date: <i>10-14-96</i> Name (Type or Print): <i>Kristine D. Fredrickson</i> Title: <i>V. Pres.</i>
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ISSUED: 10-05-1996

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