

No. C100870	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 * FIRST NOTICE *	1. Mailing Address - Please Correct, If Not Correct WILLIAMSON & ASSOCIATES, INC ELAINE WILLIAMSON 4580 YORGASON WAY BOISE ID 83703		ELAINE WILLIAMSON 2225 WHITE PINE PLACE BOISE ID 83706 3. Organized Under the Laws of: ID C100870													
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one) <table border="0"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>ELAINE WILLIAMSON</td> <td>4580 YORGASON WAY</td> <td>BOISE</td> <td>ID</td> <td>83703</td> </tr> </tbody> </table>					Office held	Name	Street or P.O. Address	City	State	Zip	PRESIDENT	ELAINE WILLIAMSON	4580 YORGASON WAY	BOISE	ID	83703
Office held	Name	Street or P.O. Address	City	State	Zip											
PRESIDENT	ELAINE WILLIAMSON	4580 YORGASON WAY	BOISE	ID	83703											
5. NATURE OF BUSINESS INSURANCE AGENCY	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>Elaine Williamson</u> Date <u>7-30-96</u> Name (Typed or Printed) <u>ELAINE WILLIAMSON</u> Title <u>President</u>															

ISSUED: 07-06-1996

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