

No. C 76333	<b>Annual Report Form</b> 1997 <i>Due No Later Than November 30,</i>	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>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, if Not Correct  IDA-WEST INSURANCE SERVICES, LOWELL HORNE 5800 N. OASIS DR.  BOISE ID 83714	LOWELL HORNE 5800 N. OASIS DR.  BOISE ID 83714  3. Organized Under the Laws of:  ID C 76333																		
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"/> Managers or <input type="checkbox"/> Members (check one)																				
<table border="1"> <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>PRES.</td> <td>Gloria M. Horne</td> <td>5800 N OASIS DR</td> <td>Boise</td> <td>Ida</td> <td>83714</td> </tr> <tr> <td>Sec.</td> <td>Lowell Horne</td> <td>5800 N OASIS DR</td> <td>Boise</td> <td>Ida</td> <td>83714</td> </tr> </tbody> </table>	Office held	Name	Street or P.O. Address	City	State	Zip	PRES.	Gloria M. Horne	5800 N OASIS DR	Boise	Ida	83714	Sec.	Lowell Horne	5800 N OASIS DR	Boise	Ida	83714		
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5.	6. Signature <u>Gloria M. Horne</u> Date <u>9/8/97</u> Name (Typed or Printed) <u>GLORIA M. HORNE</u> Title <u>PRES.</u>
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ISSUED: 07-04-1997      ↓ DO NOT TAPE OR STAPLE ↓      24473