

| No. 54066 Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED | Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 1. Mailing Address <i>Please Correct, If Not Correct</i> IDAHO COUNTY TITLE COMPANY, MARGARET A. ALBERS 319 WEST MAIN GRANGEVILLE ID 83530 | 2. Registered Agent and Office NOT A P.O. BOX DENNIS L. ALBERS 401 WEST NORTH GRANGEVILLE ID 83530 3. Incorporated Under The Laws of ID NO: 054066 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|-------------|--------------|-------------------------------|-------------|--------------|------------|-------------------|----------------|----------------|-------------|----|-------|-------------------|-----------------|-------------|-------------|----|-------|-------------------|----------------|----------------|-------------|----|-------|--|----------------|---|---|---|---|--|-----------------|-------------|---|---|---|--|-------------------|---|---|---|---|
| 4. Names and Addresses of Officers and Directors | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 15%;"></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: 10%; text-align: center;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>THOMAS E LEUCK</td> <td>504 SOUTH HALL</td> <td>GRANGEVILLE</td> <td>ID</td> <td>83530</td> </tr> <tr> <td>Secretary:</td> <td>DENNIS L ALBERS</td> <td>P O BOX 314</td> <td>GRANGEVILLE</td> <td>ID</td> <td>83530</td> </tr> <tr> <td>Directors:</td> <td>THOMAS E LEUCK</td> <td>504 SOUTH HALL</td> <td>GRANGEVILLE</td> <td>ID</td> <td>83530</td> </tr> <tr> <td></td> <td>JUDITH E LEUCK</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> </tr> <tr> <td></td> <td>DENNIS L ALBERS</td> <td>P O BOX 314</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> </tr> <tr> <td></td> <td>MARGARET A ALBERS</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> <td style="text-align: center;">"</td> </tr> </tbody> </table> | | | | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | President: | THOMAS E LEUCK | 504 SOUTH HALL | GRANGEVILLE | ID | 83530 | Secretary: | DENNIS L ALBERS | P O BOX 314 | GRANGEVILLE | ID | 83530 | Directors: | THOMAS E LEUCK | 504 SOUTH HALL | GRANGEVILLE | ID | 83530 | | JUDITH E LEUCK | " | " | " | " | | DENNIS L ALBERS | P O BOX 314 | " | " | " | | MARGARET A ALBERS | " | " | " | " |
| | <u>Name</u> | <u>Street or P.O. Address</u> | <u>City</u> | <u>State</u> | <u>Zip</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| President: | THOMAS E LEUCK | 504 SOUTH HALL | GRANGEVILLE | ID | 83530 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Secretary: | DENNIS L ALBERS | P O BOX 314 | GRANGEVILLE | ID | 83530 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Directors: | THOMAS E LEUCK | 504 SOUTH HALL | GRANGEVILLE | ID | 83530 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | JUDITH E LEUCK | " | " | " | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | DENNIS L ALBERS | P O BOX 314 | " | " | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MARGARET A ALBERS | " | " | " | " | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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 <u>Margaret A. Albers</u> Name (Typed or Printed) MARGARET A ALBERS Date AUGUST 8, 1991 Title TREASURER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |