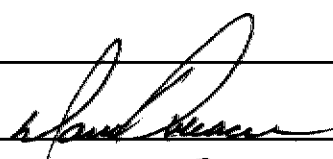


|   |  |  |
|---|--|--|
| No. <b>C 97086</b>  | <b>Annual Report Form</b><br><i>Due No Later Than November 30,</i> <b>1997</b>   | 2. Registered Agent and Office <b>NOT A P.O. BOX</b>   |
| Return to:<br><b>SECRETARY OF STATE</b><br><b>700 WEST JEFFERSON</b><br><b>PO BOX 83720</b><br><b>BOISE, ID 83720-0080</b><br><br><b>NO FEE REQUIRED</b>  | 1. Mailing Address - Please Correct, If Not Correct<br><br><b>OVERACRE INSURANCE AGENCY, I</b><br><b>FLORA RUTH OVERACRE</b><br><b>PO BOX "R"</b><br><br><b>KIMBERLEY ID 83341</b> | <b>FLORA RUTH OVERACRE</b><br><b>119 CENTER STREET EAST</b><br><br><b>KIMBERLEY ID 83341</b> |
| <b>* FIRST NOTICE *</b>   | 3. Organized Under the Laws of:<br><br><b>ID C 97086</b>   |  |
| 4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b><br>Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one) |  |  |
| <u>Office held</u>  | <u>Name</u>  | <u>Street or P.O. Address</u>  |
| <u>City</u>   | <u>State</u>   | <u>Zip</u>   |
| <i>President</i>  | <i>FLORA R. OVERACRE</i>   | <i>P.O. BOX R.</i>   |
| <i>Kimberly</i>   | <i>ID</i>  | <i>83341</i>   |
| <i>Vice-President</i>   | <i>THOMAS S. OVERACRE</i>  | <i>P.O. BOX R.</i>   |
| <i>Kimberly</i>   | <i>ID</i>  | <i>83341</i>   |
| <i>Sec-Treas</i>  | <i>DAVID T. OVERACRE</i>   | <i>P.O. BOX R.</i>   |
| <i>Kimberly</i>   | <i>ID</i>  | <i>83341</i>   |
|   |  |  |
| 5.  | 6.   |  |
|   | Signature    |  |
|   | Date <u>7/11/97</u>  |  |
|   | Name (Typed or Printed) <u>DAVID OVERACRE</u>  |  |
|   | Title <u>Sec - Treas</u>   |  |

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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