

No. 01063

## Idaho Corporation Annual Report Form

Due No Later Than November 1, 1994

Return To

Secretary of State  
Room 203, Statehouse  
Boise, ID 83720

★★ FINAL NOTICE ★★  
NO FEE REQUIRED

## 1. Mailing Address — Please Correct, If Not Correct

THOMPSON INSURANCE AGENCY, INC.  
WILLIAM D. THOMPSON  
288 W. BRIDGE STR - BOX 529  
BLACKFOOT ID 83221

## 2. Registered Agent and Office: NOT A P.O. BOX

WILLIAM D. THOMPSON  
288 WEST BRIDGE STREET

BLACKFOOT ID 83221

## 3. Incorporated Under The Laws

of ID

NO: 01063

## 4. Names and Addresses of Officers and Directors

## MUST BE PRINTED OR TYPED

NameStreet or P.O. AddressCityStateZip

President: William D. Thompson  
Secretary: Dee G. Finley  
Directors:

P.O. Box 519  
953 S 2200W

Blackfoot ID 83221  
Stenting ID 83221

## 5. Nature of Business

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

Name (Typed or Printed)

William D. Thompson

Date

Title

10-7-94  
Pres.