No. 14016		Idaho Corporation Annual Report Form		2. Registered A	2. Registered Agent and Office NOT A P.O. BOX		
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED		Due No Later Than November 1, 1992 1. Mailing Address - Please Correct, If Not Correct		JOHN B. SULLIVAN 108 9TH STREET			
		AMERICAN INSURANCE AND LOAN CO. JOHN B. SULLIVAN 108 9TH STREET, BOX 559 LEWISTON ID 83501 0000		LEWISTON	I D	83501 00	
				3. Incorporated Under The Laws of ID NO: 14016			
4. Names and Addresses	of Officers a	and Directors	***************************************	L			
		Name Sullivan Sullivan	Street or P.O. Address P.O. Box 55 9 P.O. Box 559	<u>City</u> Lewist Lewista	State Ion, TO N, TO	8350/ 8350/	
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5. Nature of Business			hat this Annual Report has been ex- rect and complete.			y knowledge	
Insurance Agency		Signature Name (Typed	John B. Sullwan		Date 10/8/92 Title Treasure		
		Princed	y JOHN B. SKITTOPH				