	INSTRUCTIONS ON REVERSE SIDE		ISSUED: 06-30-1990		
No. 89685	Idaho Corporation Annual Report Form Due No Later Than November 1, 1990 1. Mailing Address — Please Correct JAMES INSURANCE, INC. BOB SVANCARA 2201 ADA STREET		2. Registered Agent an	d Office	
Return To			BOB SVANCARA 2201 ADA STREET POCATELLO ID 83201 3 3. Incorporated Under The Laws of ID		
Secretary of State Room 203, Statehouse Boise, ID 83720					
NO FEE REQUIRED	POCATELLO	ID 83201	NO: 089685		
4. Names and Addresses of Office	rs and Directors				
	<u>Name</u>	Street or P.O. Address	<u>City</u>	State	Zip 8820/
President: 3	OBS SUANCARA	2201000	Poc	P	88201
Directors:					
5. Nature of Business	6. I certify tha true, correct	t this Aprilial Report has been ex t and complete	amined by me and is to the		
TASARANCE	Signature	Doones	Date	7-6-90	<i>!</i>
, , , , , , , , , , , , , , , , , , , ,	Name (Typed or Printed)	BOB SVANCAR	Title	FRES	

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