

No. C 82861	Annual Report Form Due No Later Than November 30, 1995		2. Registered Agent and Office NOT A P.O. BOX DONNA P. MICHAEL 111 ILLINOIS AVENUE 204 COUNCIL ID 83612	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Mailing Address - Please Correct If Not Correct TIMBERLINE TITLE AND ESCROW, DONNA P. MICHAEL P. O. BOX 6		3. Organized Under the Laws of. 	
* FIRST NOTICE *	COUNCIL ID 33612	ID	C 82861	
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)				
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>
President	Donna P. Michael	2020 Council Capraun Rd	Council	Id. 83612
Secretary	Julie E. Wilson	P.O. Box 197	Council	Id. 83612
Director	Donald D. Hodges	P.O. Box 218	Council	Id. 83612
	Pamzy K. Hodges	P.O. Box 218	Council	Id. 83612
	Julie E. Wilson	P.O. Box 197	Council	Id. 83612
	Donna P. Michael	2020 Council Capraun Rd	Council	Id. 83612
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>Donna P. Michael</u> Date <u>July 18 1996</u> Name (Typed or Printed) <u>Donna P. Michael</u> Title <u>President</u>		

ISSUED: 07-06-1996

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