No. C109	195	Annual Report Form Due No Later Than November 30	1995	2. Registered A	gent and Office	NOT A P.O. BOX
Return to: SECRETARY OF	STATE 1. Mail	1. Mailing Address - Please Correct, If Not Correct 4200 N WESTVIEW WAY				
700 WEST JEFFI PO BOX 83720 BOISE, ID 83720 NO FEE REQU	-0080 SL	ALL-RISK MANAGEMENT CONSULTA SLEN ROSE 4200 N WESTVIEW WAY BOISE ID 83704		3015E ID 83704		
* FIRST N	OTICE * 30			10	0 0109195	
4. Corporations: Limited Liabilit	Enter Names and Addre y Companies: Enter Nami	sses of President, Secretary and Direc es and Addresses of Q Managers or	tors Members	(check one)		
Office held	Name	Street or P.O. Address		City	State	Zip
President	Glen Ros e		Pay	rette	ID	8341
Vice Pas		ch 14631 Plum Rd.		dwell	10	83605
Treas		huson 3232 McCoanick		s 	10	83709
Sec.	Jim Stung	.f 4200 Westview	Bois	و	(T)	87 304
5. NATURE O	F 3451NESS UNIVY VFJL: 37-06-1996	6. I certify that this Annual Repo knowledge True, correct and Signature Name (Typed or Printed)	has been e implete.	Date	8-19-	9.6
					17511	