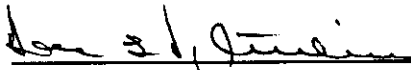


No. C 81148	Annual Report Form 1998 Due No Later Than November 30,	2. Registered Agent and Office NOT A P.O. BOX IDA L. VITOLINS E. 3070 RIVERCREST POST FALLS ID 83854 3. Organized Under the Laws of: ID C 81148			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address Please Correct, If Not Correct VITOLINS INSURANCE AGENCY, I IDA L. VITOLINS 610 W. HUBVARD BAY 108 COEUR D'ALENE ID 83814				
4. Corporations: Enter Names and Business 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>	<u>Zip</u>
Pres.	Ida L. Vitolins	E 3070 Rivercrest Dr	Post Falls	ID	83854
Sec.	Daina A. Vitolins	1680 Fir St S	Salem	OR	97302
Directors	Mara Z Vitolins	227 Brumbelton Rd	Winston-Salem	NC	27124
	Valda A. Vitolins	230 Chesterton Way Apt 8	Win-Salem	NC	27104
	Augusts Vitolins	E 3070 Rivercrest Dr.	Post Falls	ID	83854
	Sarma M. Vitolins	980 E Camden Ln.	S Elgin	IL	60177
5. Signature of New Registered Agent none		6. Signature <u></u> Date <u>09/28/98</u> Name (Typed or Printed) <u>Ida L. Vitolins</u> Title <u>Pres. -Agent</u>			

ISSUED: 07-03-1998

(DO NOT TAPE OR STAPLE)

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