<u> </u>		INSTRUC	TIONS ON REVERSE SIDE	፣ የድመደለ፣ ማን-	1%100%	
No. 52582		Idaho Corporation Annual Report Form		2. Registered Agent and	Öffice NOT	A P.O. BOX
Return To Secretary of State Room 203, Statehouse Bolse, ID 83720		Due No Later TI Mailing Address	han November 1,	JUNE MAGER 1012 8TH STRE	ET	
	JSO	DON MEQUARY	URANCE AGENCY OF ID	LEWISTON ID 83501 3. Incorporated Under The Laws		
* FIRST NOTICE NO FEE REQUIRE	1	P. O. BOX 1	786 ID 83501	of ID NO: 52582	e Laws	
4. Names and Addresses of	Officers	and Directors	MUST BE PRINTED	OR TYPED		
		Name	Street or P.O. Address	City	State	Zlo
President: Secretary: Directors:		MCQUARY BROEMMELING	1613 RIDGEVIEW DRIV 2465 17TH STREET	/E CLARKSTON CLARKSTON	WA WA	99403 99403
:						
5. Nature of Business	<u> </u>	6. I certify the true, corre	at this Annual Report has been exa	amined by me and is to the b	est of my kn	owledge
INSURANCE		Signature Willes		Date 7-26-95		
		Name Antend Don McQuary		Title 1	Title President	