

No. <u>31233</u> Return To Secretary of State Room 203, Statehouse Boise, ID 83720 NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991 Mailing Address: <i>Please Correct If Not Correct</i> WELCH OBENCHAIN INSURANCE, P. O. BOX 549 BUHL ID 83316	2. Registered Agent and Office NOT A P.O. BOX JAMES L. WELCH 123 SOUTH BROADWAY BUHL ID 83316 3. Incorporated Under The Laws of ID NO: 031233																								
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th></th> <th><u>Name</u></th> <th><u>Street or P.O. Address</u></th> <th><u>City</u></th> <th><u>State</u></th> <th><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>President:</td> <td>JAMES L. WELCH</td> <td>P O BOX 549</td> <td>BUHL</td> <td>ID</td> <td>83316</td> </tr> <tr> <td>Secretary:</td> <td>TIM OBENCHAIN</td> <td>P O BOX 269</td> <td>TWIN FALLS</td> <td>ID</td> <td>83303</td> </tr> <tr> <td>Director: V President</td> <td>DAVE WEREBECK</td> <td>P O BOX 269</td> <td>TWIN FALLS</td> <td>ID</td> <td>83303</td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	JAMES L. WELCH	P O BOX 549	BUHL	ID	83316	Secretary:	TIM OBENCHAIN	P O BOX 269	TWIN FALLS	ID	83303	Director: V President	DAVE WEREBECK	P O BOX 269	TWIN FALLS	ID	83303
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5. Nature of Business INSURANCE AGENCY	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  Name <small>(Type or Print)</small> JAMES L. WELCH Date 7/25/91 Title PRESIDENT																									