

No. <u>C 78207</u>	Annual Report Form <u>1998</u> Due No Later Than November 30,		2. Registered Agent and Office NOT A P.O. BOX
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		LYNN D. ARCHIBALD 117 W. MAIN, BOX 96  REXBURG ID 83440
	ARCHIBALD INSURANCE CENTER, LYNN ARCHIBALD 117 WEST MAIN, BOX 96  REXBURG ID 83440		3. Organized Under the Laws of:  ID C 78207

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)

Office held	Name	Street or P.O. Address	City	State	Zip
PRESIDENT	LYNN D. ARCHIBALD	117 W. MAIN ST.	REXBURG	ID	83440
SECRETARY	PATRICIA S. ARCHIBALD	1690 S. 1000 WEST	REXBURG	ID	83440

5. Signature of New Registered Agent	6. Signature <u>Lynn D. Archibald</u> Date <u>9-19-98</u>
	Name (Typed or Printed) <u>LYNN D. ARCHIBALD</u> Title <u>PRES</u>

ISSUED: 07-03-1998

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↓ DO NOT TAPE OR STAPLE ↓