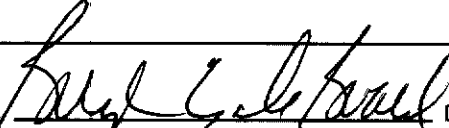


No. C111620	<b>Annual Report Form</b> Due No Later Than November 30, 1997		2. Registered Agent and Office <b>NOT A P.O. BOX</b>																								
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 <b>NO FEE REQUIRED</b>  <b>* FIRST NOTICE *</b>	1. Mailing Address - Please Correct, If Not Correct  DEBOARD INSURANCE, INC. BERYL E DEBOARD 1000 MAIN ST  SALMON ID 83467		BERYL E DEBOARD 1000 MAIN ST  SALMON ID 83467  3. Organized Under the Laws of:  ID C111620																								
4. Corporations: Enter Names and Business Addresses of <b>President, Secretary and Directors</b> Limited Liability Companies: Enter Names and Addresses of <input type="checkbox"/> <b>Managers</b> or <input type="checkbox"/> <b>Members</b> (check one)  <table border="1"> <thead> <tr> <th>Office held</th> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President</td> <td>WALLACE DEBOARD</td> <td>1000 MAIN ST</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> <tr> <td>Secretary / Treasurer</td> <td>Beryl DEBOARD</td> <td>1000 MAIN ST</td> <td>SALMON</td> <td>ID</td> <td>83467</td> </tr> <tr> <td colspan="6">DIRECTORS - SAME AS ABOVE</td> </tr> </tbody> </table>				Office held	Name	Street or P.O. Address	City	State	Zip	President	WALLACE DEBOARD	1000 MAIN ST	SALMON	ID	83467	Secretary / Treasurer	Beryl DEBOARD	1000 MAIN ST	SALMON	ID	83467	DIRECTORS - SAME AS ABOVE					
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DIRECTORS - SAME AS ABOVE																											
5.		6. Signature  Date 8-31-97 Name (Typed or Printed) BERYL E. DEBOARD Title Secretary																									

ISSUED: 07-04-1997

↓ DO NOT TAPE OR STAPLE ↓

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