

<b>No. 30499</b>  Return To <b>JUL - 9 1990</b> <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>Boise, ID 83720</b>  <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> <i>Due No Later Than November 1, 1990</i> 1. Mailing Address — <i>Please Correct</i>  <b>MARTIN INSURANCE, INCORPORA</b> <b>LEE W. MARTIN</b> <b>P. O. BOX 699</b>  <b>LEWISTON ID 83501</b>	2. Registered Agent and Office  <b>LEE W. MARTIN</b> <b>1122 IDAHO STREET</b>  <b>LEWISTON ID 83501</b>  3. Incorporated Under The Laws of <b>ID</b>  <b>NO: 030499</b>																								
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><b>Lee W. Martin</b></td> <td><b>1122 Idaho Street</b></td> <td><b>Lewiston,</b></td> <td><b>ID</b></td> <td><b>83501</b></td> </tr> <tr> <td>Secretary:</td> <td><b>Michael L. Martin</b></td> <td><b>1122 Idaho Street</b></td> <td><b>Lewiston,</b></td> <td><b>ID</b></td> <td><b>83501</b></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>				<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	President:	<b>Lee W. Martin</b>	<b>1122 Idaho Street</b>	<b>Lewiston,</b>	<b>ID</b>	<b>83501</b>	Secretary:	<b>Michael L. Martin</b>	<b>1122 Idaho Street</b>	<b>Lewiston,</b>	<b>ID</b>	<b>83501</b>	Directors:					
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5. Nature of Business  <b>Insurance</b>	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 <i>Lee W. Martin</i> Date <b>7/9/90</b> Name <small>(Typed or Printed)</small> <b>LEE W. MARTIN</b> Title <b>PRESIDENT</b>																									