

0119748

Annual Report Form

Due No Later Than November 30,

1997

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

** FINAL NOTICE **

1. Mailing Address - Please Correct, If Not Correct

FOELLER INSURANCE, INC.

N 540 MCGUIRE RD

POST FALLS

ID 83854

2. Registered Agent and Office NOT A P.O. BOX

DENNIS E MCKENZIE
202 ANTON AVE STE 201

COFUR D'ALEN ID 83814

3. Organized Under the Laws of:

ID

0119748

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)Office heldNameStreet or P.O. AddressCityStateZip

DIRECTOR

PAUL G FOELLER

PO BOX 1269

POST FALLS

IDAHO 83854

5.

SERVICES

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

Paul G. Foeller

Date 10-20-97

Name

(Typed or Printed)

PAUL G FOELLER

Title

DIRECTOR

ISSUED: 10-04-1997

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