

CITY 743

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 545 MC GUIRE RD

POST FALLS ID 83854

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

DENNIS E MCKENZIE
202 ANTON AVE STE 201

COEUR D'ALEN ID 83814

3. Organized Under the Laws of:

ID C119748

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 held

<u>DIRECTOR</u>	<u>Name</u> PAUL G FOELLER	<u>Street or P.O. Address</u> PO BOX 1269	<u>City</u> POST FALLS	<u>State</u> IDAHO	<u>Zip</u> 83854
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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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