

No. 61063  Return To  Secretary of State Room 203, Statehouse Boise, ID 83720  <b>NO FEE REQUIRED</b>	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1991 1. Mailing Address: <i>Please Correct If Not Correct</i>  THOMPSON INSURANCE AGENCY, WILLIAM D. THOMPSON 288 W. BRIDGE STR - BOX 5  BLACKFOOT ID 83221	2. Registered Agent and Office NOT A P.O. BOX  WILLIAM D. THOMPSON 288 WEST BRIDGE STREET  BLACKFOOT ID 83221  3. Incorporated Under The Laws of ID  NO: 061063																				
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <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>William D. Thompson</td> <td>P.O. Box 519 Blackfoot</td> <td>ID</td> <td>83221</td> </tr> <tr> <td>Secretary:</td> <td>Dwight E. Baker</td> <td>414 Shoup Ave,</td> <td>Idaho Falls,</td> <td></td> </tr> <tr> <td>Directors:</td> <td></td> <td></td> <td>ID</td> <td>83405</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President:	William D. Thompson	P.O. Box 519 Blackfoot	ID	83221	Secretary:	Dwight E. Baker	414 Shoup Ave,	Idaho Falls,		Directors:			ID	83405
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5. Nature of Business  Insurance Agency	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>William D. Thompson</i> Date: <i>7/15/91</i> Name (Typed): <i>William D. Thompson</i> Title: <i>President</i>																					