

INSTRUCTIONS ON REVERSE SIDE

No. 61063	Idaho Corporation Annual Report Form Due No Later Than November 1, 1991		2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	1. Mailing Address <i>Please Correct If Not Correct</i>		WILLIAM D. THOMPSON 288 WEST BRIDGE STREET BLACKFOOT ID 83221
NO FEE REQUIRED	THOMPSON INSURANCE AGENCY, WILLIAM D. THOMPSON 288 W. BRIDGE STR - BOX 5 BLACKFOOT ID 83221	3. Incorporated Under The Laws of ID NO: 061063	

4. Names and Addresses of Officers and Directors

	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	ID	83405
Directors:					

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 William D. Thompson Date 7/15/91
 Name William D. Thompson Title President