

No. 030499	Idaho Corporation Annual Report Form		2. Registered Agent and Office JUN 30																					
Return To Secretary of State Room 203, State House Boise, ID 83720 RECEIVED SEC. OF STATE '87 JUL 2 AM	Due No Later Than November 1, 1987		LEE W. MARTIN 3840 COUNTRY CLUB DRIVE 1122 LEWISTON, IDAHO 83501																					
	1. Mailing Address — Please Correct 030499																							
	MARTIN INSURANCE, INCORPORATED LEE W. MARTIN P. O. BOX 699 LEWISTON, IDAHO 83501		3. Incorporated Under The Law of ENTERED JUL - 8 1987 STATE OF IDAHO																					
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: Lee W. Martin,</td> <td>P.O. Box 699,</td> <td>Lewiston,</td> <td>Idaho</td> <td>83501</td> </tr> <tr> <td>Secretary: Michael L. Martin,</td> <td>P.O. Box 699,</td> <td>Lewiston,</td> <td>Idaho</td> <td>83501</td> </tr> <tr> <td colspan="5">Directors:</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: Lee W. Martin,	P.O. Box 699,	Lewiston,	Idaho	83501	Secretary: Michael L. Martin,	P.O. Box 699,	Lewiston,	Idaho	83501	Directors:				
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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. <table border="1"> <tr> <td>Signature</td> <td>Date</td> </tr> <tr> <td>Name (Type or Printed) Michael L. Martin</td> <td>6/30/87</td> </tr> <tr> <td></td> <td>Title Sec/Treas.</td> </tr> </table>			Signature	Date	Name (Type or Printed) Michael L. Martin	6/30/87		Title Sec/Treas.														
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