

(0222)

No.

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1992

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

* FIRST NOTICE *
NO FEE REQUIRED

1. Mailing Address - Please Correct, If Not Correct

IDA-WEST INSURANCE SERVICES, IN
LOWELL HORNE

P.O. BOX ~~4005~~ 44418

BOISE

ID 83704 0000
83711

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

LOWELL HORNE

~~4010 GLENWOOD ROAD~~

5800 N. OASIS DR.

BOISE

ID

83714
~~83704~~3. Incorporated Under The Laws
of

NO: 76333

4. Names and Addresses of Officers and Directors

NameStreet or P.O. AddressCityStateZip

President:

GLORIA M. HORNE

P.O. Box 44418

BOISE

ID

83711

Secretary:

LOWELL C. HORNE

Directors:

LOWELL C. HORNE

P.O. Box 44418

Boise

ID

83711

5. Nature of Business

INSURANCE

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

(Typed or
Name Printed)

Gloria M. Horne
GLORIA M. HORNE

Date

Title

10/20/92
President

NOTE: *

NOTE: REPORT IN OUT 15, 1992