		INSTRUC	CTIONS ON REVERSE SIDE	ISSUED JULY 1	1989	
No. 30499		Idaho Corporation Annual Report Form		2. Registered Agent and Office		
Return To		Due No Later The	an November 1,1989	LEE W. MARTIN 1122 IDAHO STREET		
Secretary of State Room 203, Statehou	MAR	1. Mailing Address — Please Correct 30499  MARTIN INSURANCE, INCORPORATED  LEE W. MARTIN		LEWISTON		ID 8350
Boi <del>aq</del> ID:83720 SEC. OF STATE		P. O. BOX 699		3. Incorporated Under The Laws of IDAHO		
NO FEE REQUIR	21 LEW	ISTON	ID 83501		NO:	30499
4. Names and Addresses of	Officers and	Directors				-
		Name	Street or P.O. Address	City	<u>State</u>	<u>Zip</u>
1	Lee W. Ma		P.O. Box 699	Lewiston,	ID	83501
Secretary: 1	Michael	L. Martin	P.O. Box 699	Lewiston,	ID	83501
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				•		
5. Nature of Business		6. I certify that true, correct	at this Annual Report has been ex ct and complete.	amined by me and is to the	best of my	knowledge
Insurance		Signature Turk alla		Dete 8/4/89		
		Name (Typed or Printed)	LEE W. MART	/N Title >	Residen	<i>)  </i>