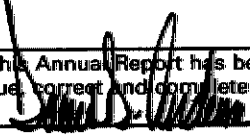


No. C 91649	Annual Report Form 1995 <i>Due No Later Than November 30,</i>		2. Registered Agent and Office NOT A P.O. BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED ** FINAL NOTICE **	1. Mailing Address - Please Correct, If Not Correct SAWTOOTH TITLE COMPANY DAVID D ANDERSON P.O. BOX 449 HAILEY ID 83333		DAVID D ANDERSON 171 WEST SIXTH STREET KETCHUM ID 83340
			3. Organized Under the Laws of: ID C 91649

4. Corporations: Enter Names and Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ **Managers** or ☐ **Members** (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
PRES/DIR	DAVID D. ANDERSON	P. O. BOX 449	HAILEY	ID	83333
SECR/DIR	JAN L. BURRELL	P. O. BOX 1201	HAILEY	ID	83333
V.P./DIR	EDWARD R. STANEK II	P. O. BOX 2362	KETCHUM	ID	83340

5. NATURE OF BUSINESS TITLE INSURANCE AGENT	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  Name (Typed or Printed) DAVID D. ANDERSON	Date 10/29/96 Title PRESIDENT

ISSUED: 10-05-1996

1665

(DO NOT TAPE OR STAPLE)