

Annual Report Form

Due No Later Than November 30,

1998

Return to:

SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080

NO FEE REQUIRED

* FIRST NOTICE *

1. Mailing Address - Please Correct, If Not Correct

AMERICAN INSURANCE AND LOAN
JOHN B. SULLIVAN
108 9TH STREET, BOX 559

LEWISTON

ID 83501

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

JOHN B. SULLIVAN
108 9TH STREET

LEWISTON

ID 83501

3. Organized Under the Laws of:

ID

C 14016

4. Corporations: Enter Names and Business 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

President & Treasurer (Director) John B. Sullivan, 108-9th St.

Lewiston, ID 83501

Vice President & Secretary (Director) Shawn D. Sullivan, 108-9th St.

Lewiston, ID 83501

Director Frank W. Sullivan, 108-9th St.

Lewiston, ID 83501

5. Signature of New Registered Agent

6.

Signature

Name (Typed or Printed)

Date

Title

John B. Sullivan

John B. Sullivan

7/22/98

President

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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