July 22, 1996

Randy Dayton
Dayton Insurance Agency C80076
2240 Almaden
Meridian ID 83642

RE: Dayton Insurance Agency C80076

Greetings:

Please find enclosed your recently submitted annual report for the 1996-1997 fiscal year. We are unable to accept it in its present form. Please make the following correction(s) and return to this office.

Please be certain that the names and addresses of the officers in block 4 are complete. (A notation that the information is the same as last year will not be accepted.) After completing that block, resubmit the annual report to this office.

If you have any questions or need further assistance, please do not hesitate to contact this office at (208) 332-2811.

Very truly yours,

Sharyl Derhico

Sheryl DeVries Corporate Division

Enclosures: cited

Vo. C 3	3075	Annual Report Form	935 2	. Registered Agent a	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		Due No Later Than November 30, 1. Mailing Address - Please Correct, If Not Correct		RANDY L. DAYTON 2240 ALMADEN		
		DAYTON INSURANCE AGENCY, INC. RANDY L. DAYTON	NC	MERIDIAN	ID	83642
		2240 ALMADEN		3. Organized Under the Laws of:		
* FIRST	* BOITON	MERIDIAN ID 37642		ID	C 80	276
		Addresses of President, Secretary and Directors er Names and Addresses of Managers or M	embers (cl	neck one)		
Office held	Name	Street or P.O. Address	·	City -	State	<u>Zip</u>
						·
NATJRE	OF BUSINESS	6. I certify that this Annual Report has		amined by me an	d is to the be	st of my
NATURE	OF BUSINESS	6. I certify that this Annual Report has knowledge true, correct and comples Signature Name (Typed or Printed)	ete.	-	d is to the be >-(& ? Pres.	,
NATURE INSUR		Signature Name (Typed or Printed)	ete.	Date	7-18-9	,
NATURE INSUR	ANCE SALES	Signature Name (Typed or Printed)	ete.	Date	7-18-9 Pres	,
INSUR	ANCE SALES	Signature Name (Typed or Printed)	ete.	Date	7-18-9 Pres	,