NO. C108921

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

NO FEE REQUIRED

** FINAL NOTICE **

Annual Report Form

Due No Later Than November 30, 1997

1. Mailing Address - Please Correct, If Not Correct

HARVEY INSURANCE AGENCY, INC
MARCHELLE A HARVEY
PO BOX 2797

OROFINO ID 83544

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

MARCHELLE A HARVEY
12220 KENT AVE

OROFINO ID 83544

3. Organized Under the Laws of:

ID C108921

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
PRES.	MARchelle A. HARVEY	P.O. Box 2797	OROFINO	Id.	83544
VICE PRES.	D. ANN McKINNEY	P.O. Box 224	OROFINO	Id.	83544
TRES.	MARchelle A. HARVEY	P.O. Box 2797	OROFINO	Id.	83544
SEC.	D. ANN McKINNEY	P.O. Box 224	OROFINO,	Id.	83544

5. NATURE OF BUSINESS
INSURANCE SALES

6.
Signature Marchelle Harvey Date 12/10/97
Name (Typed or Printed) MARchelle Harvey Title PRES.

ISSUED: 10-04-1997

DO NOT TAPE OR STAPLE

4386