

N. 1997 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Apr 30, 2001 Annual Report Form 1. Mailing Address - Correct in this box, if applicable TROY INSURANCE AGENCY, INC. DAVID S. TROY PO BOX 796 LEWISTON, ID 83501	2 D. 1997 625 8TH STREET LEWISTON, ID 83501 3. <u>New Registered Agent Signature</u>																		
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.																				
<table style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;"><u>Office held</u></th> <th style="text-align: left;"><u>Name</u></th> <th style="text-align: left;"><u>Street or P.O. Address</u></th> <th style="text-align: left;"><u>City</u></th> <th style="text-align: left;"><u>State</u></th> <th style="text-align: left;"><u>Zip</u></th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>DAVID S. TROY</td> <td>625 8TH ST</td> <td>LEWISTON</td> <td>10</td> <td>83501</td> </tr> <tr> <td>SECRETREAS.</td> <td>GILIA TROY</td> <td>625 8TH ST</td> <td>LEWISTON</td> <td>10</td> <td>83501</td> </tr> </tbody> </table>			<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>	PRESIDENT	DAVID S. TROY	625 8TH ST	LEWISTON	10	83501	SECRETREAS.	GILIA TROY	625 8TH ST	LEWISTON	10	83501
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>															
PRESIDENT	DAVID S. TROY	625 8TH ST	LEWISTON	10	83501															
SECRETREAS.	GILIA TROY	625 8TH ST	LEWISTON	10	83501															
5. Organized Under the Laws of: IDAHO C 69632	6. Signature  Name (Typed or Printed) <u>DAVID S. TROY</u> Date <u>2/8/01</u> Title: <u>PRESIDENT</u> XXXX																			