

INSTRUCTIONS ON REVERSE SIDE

No. 97086	Idaho Corporation Annual Report Form	2. Registered Agent and Office NOT A P.O. BOX
Return To	Due No Later Than November 30, 1995	FLORA RUTH OVERACRE 119 CENTER STREET EAST
Secretary of State 700 W Jefferson P.O. Box 83720 Boise, ID 83720-0080 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct If Not Correct OVERACRE INSURANCE AGENCY, INC. FLORA RUTH OVERACRE PO BOX "R" KIMBERLEY ID 83341	KIMBERLEY ID 83341 3. Incorporated Under The Laws of ID NO: 97086

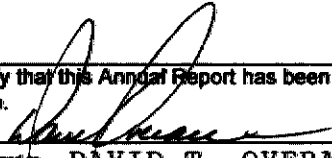
4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	FLORA RUTH OVERACRE	225 CHESTNUT ST. S.	KIMBERLY	IDAHO	83341
Secretary:	DAVID THOMAS OVERACRE	525 JEFFERSON STREET	KIMBERLY	IDAHO	83341
Directors:	THOMAS S. OVERACRE	225 CHESTNUT ST. S.	KIMBERLY	IDAHO	83341
	(VICE-PRES)				

5. Nature of Business

INSURANCE AGENCY

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 T. OVERACRE

 Date 7-11-95
 Title BUS. MANAGER