

## INSTRUCTIONS ON REVERSE SIDE

ISSUED: 07-01-1993

No. 78207

## Idaho Corporation Annual Report Form

Due No Later Than November 1, 1993

Return To

Secretary of State  
Room 203, Statehouse  
Boise, ID 83720

\* FIRST NOTICE \*  
NO FEE REQUIRED

1. Mailing Address:

ARCHIBALD INSURANCE CENTER, INC  
LYNN ARCHIBALD  
117 WEST MAIN, BOX 96

REXBURG

ID 83440

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

LYNN D. ARCHIBALD  
117 W. MAIN, BOX 96

REXBURG

ID 83440

3. Incorporated Under The Laws

of ID

NO: 78207

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

NameStreet or P.O. AddressCityStateZip

President:

LYNN D. ARCHIBALD

73 N. 3RD EAST,

REXBURG,

Id.

83440

Secretary:

PATRICIA ARCHIBALD,

1690 S. 1000 WEST,

REXBURG,

Id.

83440

Directors:

5. Nature of Business

INSURANCE

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)

*Lynn D. Archibald*  
LYNN D. ARCHIBALD

Date

Oct 11, 1993

Title

PRESIDENT