,	INSTRUCT	TIONS ON REVERSE SIDE	ISSUED JULY 1	, 1989	
No. 78207	Idaho Corporation Annual Report Form Due No Later Than November 1,1 989		2. Registered Agent and Office LYNN D. ARCHIBALD		
Return To			117 W. MAIN, BOX 96		
Room 203, State house Secretary of State Room 203, State Ro	1. Mailing Address — Please Correct 78207 BRCHIBALD INSURANCE CENTER, INC.		REXBURG	ID 834	
	117 WEST MAIN. REXBURG	BOX 96 ID 83440	3. Incorporated Under The Laws of _IDAHO		
89-110-13-20	7 W W	10 03440	48.1	NO: 78207	
4. Names and Addresses of Officers	and Directors				
	<u>Name</u>	Street or P.O. Address	City	State Zip	
President: Lynn D. Arch Secretary: Tricia Arch:		Box 96 Boc 96	Rexburg Rexburg	Idaho 83440 Idaho 83440	
Directors:					
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5. Nature of Business	6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correctland complete.				
	Signature Name (Typed or Printed)	DLYNN D. ARCH		-13-89 RS	