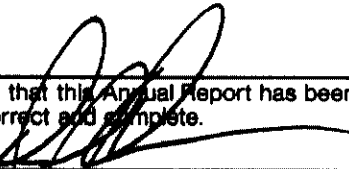


No. 97086	Idaho Corporation Annual Report Form Due No Later Than November 1, 1993	2. Registered Agent and Office NOT A P.O. BOX FLORA RUTH OVERACRE 119 CENTER STREET EAST KIMBERLEY ID 83341																				
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address - <i>Please Print or Type Name</i> OVERACRE INSURANCE AGENCY, INC. FLORA RUTH OVERACRE PO BOX "R" KIMBERLEY ID 83341	3. Incorporated Under The Laws of ID NO: 97086																				
4. Names and Addresses of Officers and Directors MUST BE PRINTED OR TYPED <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: FLORA R. OVERACRE</td> <td>119 E. CENTER STREET</td> <td>KIMBERLY</td> <td>ID</td> <td>83341</td> </tr> <tr> <td>Secretary: DAVID T. OVERACRE</td> <td>119 E. CENTER STREET</td> <td>KIMBERLY</td> <td>ID</td> <td>83341</td> </tr> <tr> <td>Directors: THOMAS S. OVERACRE</td> <td>119 E. CENTER STREET</td> <td>KIMBERLY</td> <td>ID</td> <td>83341</td> </tr> </tbody> </table>			Name	Street or P.O. Address	City	State	Zip	President: FLORA R. OVERACRE	119 E. CENTER STREET	KIMBERLY	ID	83341	Secretary: DAVID T. OVERACRE	119 E. CENTER STREET	KIMBERLY	ID	83341	Directors: THOMAS S. OVERACRE	119 E. CENTER STREET	KIMBERLY	ID	83341
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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 OVERACRE Date 7-8-93 Title SECRETARY																					

7-8-93