

INSTRUCTIONS ON REVERSE SIDE

ISSUED BY THE STATE OF IDAHO

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

No. 97086

Return To

Secretary of State
 Room 203, Statehouse
 Boise, ID 83720

* FIRST NOTICE *
 NO FEE REQUIRED

Idaho Corporation Annual Report Form

Due No Later Than November 1, 1997

1. Mailing Address - *119 E. CENTER STREET, KIMBERLEY, ID 83341*

OVERACRE INSURANCE AGENCY, INC.
 FLORA RUTH OVERACRE
 PO BOX "R"

KIMBERLEY ID 83341

FLORA RUTH OVERACRE
 119 CENTER STREET EAST

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

Name	Street or P.O. Address	City	State	Zip
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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

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 (Type or Print)

DAVID OVERACRE

Date 7-8-93

Title Secretary