

No. 69632

Idaho Corporation Annual Report Form

2. Registered Agent and Office

Return To

Secretary of State
Room 203, Statehouse
Boise, ID 83720

RECEIVED
SEC. OF STATE

Due No Later Than November 1, 1988

1. Mailing Address — Please Correct 069632

TROY INSURANCE AGENCY, INC.
DAVID S. TROY
PO BOX 796
LEWISTON, IDAHO
83501

DAVID S. TROY
625 8TH STREET
LEWISTON, IDAHO
83501

3. Incorporated Under The Laws
of

STATE OF IDAHO

20 JUL 18 AM 8 43
Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	David S Troy	2810 9th Avenue	Lewiston	Idaho	83501
Secretary:	Gisela H Troy	2810 9th Avenue	Lewiston	Idaho	83501
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)

David S Troy

Date

Title

President