INSTRUCTIONS ON REVERSE SIDE

No. 86278

*Return To*

**Secretary of State**
**Room 203, Statehouse**
**Boise, ID 83720**

NO FEE REQUIRED

# Idaho Corporation Annual Report Form

*Due No Later Than November 1, 1991*

1. Mailing Address *Please Correct If Not Correct*

LOST RIVER TITLE COMPANY, X
ROBERT B. GAGON
~~547 NORTH CAPITAL AVE.~~
591 PARK AVE.
IDAHO FALLS ID 83402

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

ROBERT B. GAGON
~~547 NORTH CAPITAL AVE.~~
591 PARK AVE
IDAHO FALLS ID 83402

3. Incorporated Under The Laws of ID

NO: 086278

4. Names and Addresses of Officers and Directors

| | Name | Street or P.O. Address | City | State | Zip |
|---|---|---|---|---|---|
| President: | ROBERT B. GAGON | 591 PARK AVE | IDAHO FALLS | ID. | 83402 |
| Secretary: | GREGORY L. CROCKETT | SAME | | | |
| Directors: | MOLLY B. GAGON | SAME | | | |

5. Nature of Business

TITLE INSURANCE & ESCROWS

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 Robert B. Gagon Date 7-15-91

Name (Typed or Printed) ROBERT B. GAGON Title PRESIDENT