lo. 14016	Idaho Corporation Annual Report Form		2. Registered Agent and Office	
Return To Secretary of State Room 203, Statehouse Boise, ID 83720	Due No Later Than November 1, 1990 1. Mailing Address — Please Correct		JOHN B. SULLIVAN 108 9TH STREET	
	3. Incorporated Under The Laws of ID			
	NO FEE REQUIRED	LEWISTON	ID 83501	NO: 014016
. Names and Addresses of Office	ers and Directors			
	<u>Name</u>	Street or P.O. Address	<u>City</u>	<u>State</u> <u>Zip</u>
President: Hav	ry C. Sullwan	P.O. Box 559	Lewiston	10 83501
· · · · · · · · · · · · · · · · · · ·	B. Sullivan	PO. Box 559	Leweston,	10 83501
Directors: Harm	y C. Sullwan	P.O. Box 559	Lewiston,	TO 83501
John	B. Sullaun	P.D. Box 559	Lewiston	IO 83501
Franc	k W. Sullivan	PO. Box 559	Lewiston,	TO 83501
5. Nature of Business Insurance Agency	6. I certify true, cor	that this Annual Report has been extrect and complete.	xamined by me and is to the	he best of my knowledge
- (Name (Type	John 3 Sullivan	Title C	ecaetary-Treasurer