INSTRUCTIONS ON REVERSE SIDE

No. 69632

Idaho Corporation Annual Report Form

Due No Later Than November 30, 1995

Return To

Secretary of State
700 W Jefferson
P.O. Box 83720
Boise, ID 83720-0080

★ FIRST NOTICE ★
NO FEE REQUIRED

1. Mailing Address -- *Please Correct If Not Correct*

TROY INSURANCE AGENCY, INC.
DAVID S. TROY
PO BOX 796

LEWISTON ID 83501

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

DAVID S. TROY
625 8TH STREET

LEWISTON ID 83501

3. Incorporated Under The Laws of

ID
NO: 69632

4. Names and Addresses of Officers and Directors

	Name	Street or P.O. Address	City	State	Postal Code
President:	DAVID S TROY JR	817 PROSPECT	LEWISTON	ID	83501
Secretary:	GISELA H TROY	2810 9TH AVE	LEWISTON	ID	83501
Directors:	NONE				

5. Nature of Business

INSURANCE SALES & SERVICE

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 [signature] Date 7/13/95

Name (Typed or Printed) DAVID S. TROY JR. Title PRES.