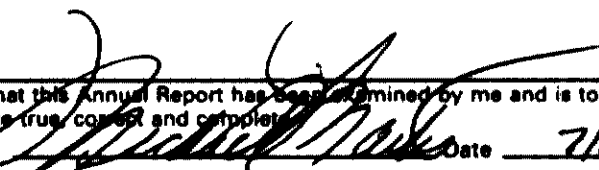


No. C 30499	Annual Report Form Due No Later Than November 30, 1996	2. Registered Agent and Office NOT A P.O. BOX LEE W. MARTIN 1122 IDAHO STREET Michael L Martin LEWISTON ID 83501
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED	1. Principal Office (If different from above) MARTIN INSURANCE, INCORPORAT LEE W. MARTIN Michael L. Martin P. O. BOX 699	3. Organized Under the Laws of: ID C 30499
* FIRST NOTICE * LEWISTON ID 83501		
4. Corporations: Enter Names and Addresses of President, Secretary and Directors Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☐ Members (check one)		
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>
<u>City</u>	<u>State</u>	<u>Zip</u>
President	Michael L Martin	1122 Idaho Street
		Lewiston ID 83501
Secretary	Ann M Martin	1122 Idaho Street
		Lewiston ID 83501
5. NATURE OF BUSINESS INSURANCE SALES		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  Date <u>7/16/96</u> Name (Typed or Printed) <u>Michael L Martin</u> Title <u>President</u>

ISSUED: 07-06-1996

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