

No. 071540	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 87 JUL 9 AM 9	Due No Later Than November 1, 1987		NEAL GOFF 312 SOUTH KIMBALL CALDWELL, IDAHO 83605																					
	1. Mailing Address — Please Correct 071540																							
	NEAL GOFF INSURANCE AGENCY INC. NEAL GOFF 312 SOUTH KIMBALL CALDWELL, IDAHO 83605		3. Incorporated Under The Laws of STATE OF IDAHO																					
4. Names and Addresses of Officers and Directors <table border="1"> <thead> <tr> <th>Name</th> <th>Street or P.O. Address</th> <th>City</th> <th>State</th> <th>Zip</th> </tr> </thead> <tbody> <tr> <td>President: C.N. Goff</td> <td>1223 Pine</td> <td>Caldwell</td> <td>Id</td> <td>83605</td> </tr> <tr> <td>Secretary: Joyce E. Goff</td> <td>1223 Pine</td> <td>Caldwell</td> <td>Id</td> <td>83605</td> </tr> <tr> <td>Directors: David P. Goff</td> <td>1223 Pine</td> <td>Caldwell</td> <td>Id</td> <td>83605</td> </tr> </tbody> </table>					Name	Street or P.O. Address	City	State	Zip	President: C.N. Goff	1223 Pine	Caldwell	Id	83605	Secretary: Joyce E. Goff	1223 Pine	Caldwell	Id	83605	Directors: David P. Goff	1223 Pine	Caldwell	Id	83605
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5. Nature of Business Insurance Agency		6. I certify that this Annual Report has been examined by me and is to the best of my knowledge true, correct and complete. <table border="0"> <tr> <td>Signature</td> <td><i>C.N. Goff</i></td> <td>Date</td> <td>7-8-87</td> </tr> <tr> <td>Name (Typed or Printed)</td> <td>C.N. Goff</td> <td>Title</td> <td>Pres.</td> </tr> </table>			Signature	<i>C.N. Goff</i>	Date	7-8-87	Name (Typed or Printed)	C.N. Goff	Title	Pres.												
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