

86278

No.	Idaho Corporation Annual Report Form Due No Later Than November 1, 1992		2. Registered Agent and Office NOT A P.O. BOX
Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	1. Mailing Address -- Please Correct, If Not Correct		ROBERT B. GAGON 591 PARK AVENUE IDAHO FALLS ID 83402
	LOST RIVER TITLE COMPANY, INC. ROBERT B. GAGON 591 PARK AVE		
	IDAHO FALLS ID 83402 0000		3. Incorporated Under The Laws of ID NO: 86278

4. Names and Addresses of Officers and Directors

	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
President:	ROBERT B GAGON	P.O. Box 50367	IDAHO FALLS	ID	83405
Secretary:	GREGORY L. CROCKETT	SAME		SAME	
Directors:	MOLLY B. GAGON	SAME		SAME	


5. Nature of Business

TITLE INS. 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

Name (Typed or Printed)


ROBERT B. GAGON

Date

Title

7-17-92

PRESIDENT