

No. C 30499

Annual Report Form

Due No Later Than November 30, 1997

2 Registered Agent and Office NOT A P O BOX

Return to:
SECRETARY OF STATE
700 WEST JEFFERSON
PO BOX 83720
BOISE, ID 83720-0080
NO FEE REQUIRED

1 Mailing Address Please Correct If Not Correct

MARTIN INSURANCE, INCORPORAT
MICHAEL L MARTIN
P. O. BOX 699

MICHAEL L MARTIN
1122 IDAHO STREET

LEWISTON ID 83501

3 Organized Under the Laws of

* FIRST NOTICE *

LEWISTON ID 83501

ID C 30499

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors
Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one)

Office held	Name	Street or P.O. Address	City	State	Zip
President	Michael L. Martin	1122 Idaho Street	Lewiston	ID	83501
Secr/Treas	Ann M. Martin	1122 Idaho Street	Lewiston	ID	83501

5.

6.

Signature *Michael L. Martin* Date 7/21/97

Name (Typed or Printed) Michael L. Martin Title President

ISSUED: 07-04-1997

DO NOT TAPE OR STAPLE

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