

No. Return To Secretary of State Room 203, Statehouse Boise, ID 83720 * FIRST NOTICE * NO FEE REQUIRED	Idaho Corporation Annual Report Form <i>Due No Later Than November 1, 1992</i> 1. Mailing Address - Please Correct If Not Correct YENOR INSURANCE, INC. SHIRLEY A. CHRISTENSEN BOX 246 ST. MARIES ID 83861 0000	2. Registered Agent and Office NOT A P.O. BOX SHIRLEY A. CHRISTENSEN 820 MAIN AVENUE ST. MARIES ID 83861 3. Incorporated Under The Laws of ID NO: 88349
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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:	SHIRLEY A. CHRISTENSEN	P. O. BOX 246	ST. MARIES	ID	83861
Secretary:	GENE GUILFOY	P. O. BOX 8248	MOSCOW	ID	83843
Directors:					

5. Nature of Business INSURANCE	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 <u>Shirley A. Christensen</u> Date <u>11/17/92</u> Name (Typed or Printed) _____ Title <u>President</u>
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