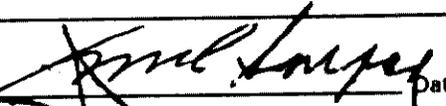
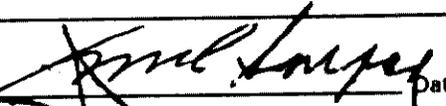
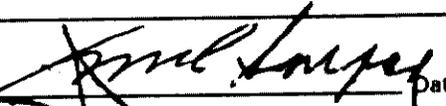


No. C 49888	Annual Report Form 1997 <i>Due No Later Than November 30,</i>	2 Registered Agent and Office NOT A P O BOX
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE *	1 Mailing Address Please Correct If Not Correct TREASURE VALLEY INSURANCE SE JOHN C. SANFORD BOX 190037 BOISE ID 83719	JOHN C. SANFORD 9960 OVERLAND RD. BOISE ID 83705 3 Organized Under the Laws of ID C 49888

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	JOHN C. SANFORD	2880 VENABLE LN	MERIDIAN	ID	83642
V. PRESIDENT	BECKIE SEAMONS	2281 N.W. 10TH	MERIDIAN	ID	83642
SECRETARY	GAYLA J. SANFORD	2880 VENABLE LN	MERIDIAN	ID	83642

5.	6. <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;">Signature</td> <td style="width: 40%; text-align: center;"></td> <td style="width: 10%;">Date</td> <td style="width: 20%; text-align: center;">7-17-97</td> </tr> <tr> <td>Name <small>(Typed or Printed)</small></td> <td style="text-align: center;">JOHN C. SANFORD</td> <td>Title</td> <td style="text-align: center;">PRESIDENT</td> </tr> </table>	Signature		Date	7-17-97	Name <small>(Typed or Printed)</small>	JOHN C. SANFORD	Title	PRESIDENT
Signature		Date	7-17-97						
Name <small>(Typed or Printed)</small>	JOHN C. SANFORD	Title	PRESIDENT						

ISSUED: 07-04-1997 (DO NOT TAPE OR STAPLE) 24917