

No. C 68893

Annual Report Form
Due No Later Than November 30, 1996

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

LAKE CITY INSURANCE SERVICES
 DONALD R SMOCK
 200 SHERMAN AVENUE

DONALD R. SMOCK
 200 SHERMAN AVENUE
 COEUR D'ALEN ID 83814

3. Organized Under the Laws of:

* FIRST NOTICE *

COEUR D'ALENE ID 83814

ID C 68893

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

Office heldNameStreet or P.O. AddressCityStateZip

PRESIDENT Don SMOCK 1000 NW Blvd CO'DA ID 83819

SECRETARY MARGARET SMOCK 1000 NW Blvd CO'DA ID 83819

DIRECTORS Don & MARGARET SMOCK

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 Donald R. Smock Date 7/17/96Name (Typed or Printed) DON SMOCK Title PRESIDENT

ISSUED: 07-06-1996

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