

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	
* 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 <input type="checkbox"/> Managers or <input type="checkbox"/> Members (check one)					
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
PRESIDENT	DON SMOCK	1000 NW BLVD	CO'DA	ID	83819
SECRETARY	MARGARET SMOCK	1000 NW BLVD	CO'DA	ID	83814
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 <u>Donell F. Smock</u> Date <u>7/17/96</u> Name (Typed or Printed) <u>DON SMOCK</u> Title <u>PRESIDENT</u>			

ISSUED: 37-06-1996

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