

CONDITIONS ON REVERSE SIDE

ISSUED: 07-05-1994

No. 55865

Idaho Corporation Annual Report Form

2. Registered Agent and Office **MCALL ID**

Return To

Due No Later Than November 1, 1994

MICHAEL R. ANDERSON
301 PARK STREET

Secretary of State
Room 203, Statehouse
P.O. BOX 83720
Boise, ID 83720-0080

1. Mailing Address — *Print, Correct, & Not Correct*

CENTRAL IDAHO TITLE, INC.
MICHAEL R. ANDERSON
P. O. BOX 1024

MCALL ID 83638

* FIRST NOTICE *
NO FEE REQUIRED

MCALL ID 83638

3. Incorporated Under The Laws
of ID
NO: 55865

4. Names and Addresses of Officers and Directors

MUST BE PRINTED OR TYPED

	Name	Street or P.O. Address	City	State	Zip
President:	MICHAEL R. ANDERSON	P.O. BOX 1024	MCALL	ID	83638
Secretary:	FAY A. ANDERSON	P.O. BOX 1024	MCALL	ID	83638
Directors:					

5. Nature of Business

TITLE INSURANCE / ESCROW

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 *Michael R. Anderson*
Name (Typed or Printed) MICHAEL R. ANDERSON

Date *Aug. 31, 1994*
Title *President*