

No. 96166	<b>Idaho Corporation Annual Report Form</b> Due No Later Than November 1, 1994	2. Registered Agent and Office
Return To <b>Secretary of State</b> <b>Room 203, Statehouse</b> <b>P.O. BOX 83720</b> <b>Boise, ID 83720-0080</b> * FIRST NOTICE * NO FEE REQUIRED		1. Mailing Address <b>WERNER INSURANCE, INC.</b> <b>JOHN D. WERNER</b> <b>P.O. BOX 1080</b>  <b>NEWPORT WA 99156</b>

## 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:	JOHN D WERNER	120 LUCIE DRIVE	NEWPORT	WA	99156
Secretary:	KATHRICK WERNER	SAME			
Directors:	SAME AS OFFICERS				

## 5. Nature of Business

INSURANCE AGENCY.

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

Name

(Typed or  
Printed)

JOHN D WERNER

Date

Title

7/19/94

PRESIDENT