



**CONQUEST
Insurance
Agency,
Inc.**

Office of Employee Benefits Security
Labor Management Service Administration
U.S. Department of Labor
Washington, DC 20216

Re: Notice of Plan of Deferred Compensation

Gentlemen:

Pursuant to DOL Reg. Sec. 2520.104-23, the undersigned Employer hereby files the following information with respect to its plan of deferred compensation.

1. Name and Address of Employer:

Conquest Insurance Agency Inc.
P.O. Box 69
Blackfoot, ID 83221

2. Federal Employer Identification No. (EIN): 82-0379659
3. The Employer maintains one (1) plan of deferred compensation, primarily for the purpose of providing deferred compensation to a select group of management of highly-compensation employees.
4. One (1) employee is covered by such plan.

Very Truly yours,

Conquest Insurance Agency Inc.

2520032030051

By: _____

James G. Percy
Title: President