

**EXHIBIT A
STATE OF IDAHO
DEPARTMENT OF INSURANCE
INFORMATION REGARDING TITLE PLANT
REQUIRED BY IDAPA IDAHO CODE § 41-2710(2)**

TITLE INSURANCE AGENT NAME: _____

PHYSICAL ADDRESS OF TITLE PLANT: _____

| | | |
|--------|-----------------|---------|
| | Physical Street | Suite # |
| | | |
| City | State | Zip |
| County | | |

1. Date your tract indexes begin _____

2. Date your county records begin _____

3. County records not covered by tract indexes, if any _____

4. Whether all, or only part of county area is covered by your indexes, stating parts covered if partial _____

5. Do you have a copy of all filed or recorded instruments legally affecting title to real property including any recorded judicial proceedings? _____ If not, explain. _____

6. Type of plant: () geographic () tract index () computer
In what form are all documents referred to in question 5 sorted and retrieved? _____

If card index, do you rely on cards for examination of titles? _____

If you use a form of card take off or tract index, do you have microfilm of records in your office for examination purposes? _____

7. Do you have a general index file of names including all live judgments, state, and federal tax liens? _____

8. Do you regularly maintain a daily take off, currently posted or filed into your plant? _____

9. As of the date this Exhibit A is signed and dated, what date was your title plant posted to? _____

10. Character of plant ownership:
Individual _____ Partnership _____
Corporation _____ Leased _____

If plant is leased, please give name of owner _____

Term of your lease _____ years ending _____

Name and Title (Type or Print)

Signature

Date