

No. C 69192		Due no later than Mar 31, 2016		2. Registered Agent and Address (NO PO BOX)		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. DAVID LEONARDSON INSURANCE AGENCY, INC. DAVID P LEONARDSON P.O. BOX 251 DUBOIS ID 83423		DAVID P LEONARDSON 142 SOUTH CENTER STREET DUBOIS ID 83423		
				3. <u>New</u> Registered Agent Signature:*		
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY	TARRI LEONARDSON	P.O. BOX 251	DUBOIS	ID	USA	83423
PRESIDENT	DAVID P LEONARDSON	P.O. BOX 251	DUBOIS	ID	USA	83423
5. Organized Under the Laws of: ID C 69192		6. Annual Report must be signed.* Signature: David Leonardson Name (type or print): David Leonardson Date: 03/02/2016 Title: President				
Processed 03/02/2016		* Electronically provided signatures are accepted as original signatures.				