

No. C 69192		Due no later than Mar 31, 2010		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 1109 SUMMERS DR REXBURG ID 83440		DAVID P LEONARDSON 1109 SUMMERS DR REXBURG ID 83440			
				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	1109 SUMMERS DR	REXBURG	ID	USA	83440	
PRESIDENT	DAVID P LEONARDSON	1109 SUMMERS DR	REXBURG	ID	USA	83440	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 69192		Signature: Lisa Shenton				Date: 03/25/2010	
		Name (type or print): Lisa Shenton				Title: Office Manager	
Processed 03/25/2010		* Electronically provided signatures are accepted as original signatures.					