No. <b>C 190753</b>		Due no later than Apr 30, 2015		2. R	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			KEVIN A CARSON 5656 PEACHTREE ST BOISE 83703-3122  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  COLE INSURANCE CENTER, INC.  KEVIN A CARSON 611 S ORCHARD ST BOISE ID 83705-1243		B				
NO FILIN RECEIVED BY	DUE DATE	ness Addresses	of President, Secretary, and Directors. Tre	asurer (ontic	nal)			
Office Held	Name	iless Addi esses (	Street or PO Address	Cit		State	Country	Postal Code
PRESIDENT	KEVIN A C	ARSON	611 S ORCHARD ST	ВО	ISE	ID	USA	83705-1243
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 190753		Signature: Kevin Carson			Date: 03/10/2015			
		Name (type or print): Kevin Carson			Title: President			
Processed 03/10/201	15	* Electronically	provided signatures are accepted as origi	nal signature	es.	_		_