No. <b>C 129419</b>	Due no later than Jun 30, 2017	2. Registered Age	2. Registered Agent and Address (NO PO BOX)  JEFFREY A SMITH			
Return to:	Annual Report Form	to account the property of the contract of the				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	0.000 0.000 0.000	1919 N 3RD ST SUITE 1			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	INSURANCE NORTHWEST INCORPORATED JEFFREY SMITH 1919 N 3RD ST	COEUR D ALENE ID 83814				
	SUITE 1	3. New Registered	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF	COEUR D ALENE ID 83814					
RECEIVED BY DUE DATE						
4. Corporations: Enter Names and Busing	ess Addresses of President, Secretary, and Directors. Treasur	er (optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JEFFREY A :	SMITH 1919 N 3RD ST SUITE 1	COEUR D'ALENE	ID	USA	83814	
SECRETARY CANDICE A		COEUR D'ALENE	ID	USA	83814	
DIRECTOR JEFFREY A S	SMITH 1919 N 3RD ST SUITE 1	COEUR D'ALENE	ID	USA	83814	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Jeffrey A Smith		Date: 05/25/2017			
C 129419	Name (type or print): Jeffrey A Smith	Title: President/Director				
Processed 05/25/2017	* Electronically provided signatures are accepted as original signatures.					