No. C 140962		Due no later than Oct 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	MORGAN I LYN L MO PO BOX 30	Annual Report Form 1. Mailing Address: Correct in this box if needed MORGAN INSURANCE, INC. LYN L MORGAN PO BOX 3026 TWIN FALLS ID 83303		LYN MORGAN 904 BLUE LAKES BLVD TWIN FALLS 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and	1 Business Addresse	s of President, Secretary, and Directors. Tre	easurer (d	ontional)			
Office Held Name		Street or PO Address	casarer (c	City	State	Country	Postal Code
PRESIDENT LYN L	. MORGAN	P O BOX 3026		TWIN FALLS	ID	USA	83303
ID Signa		. Annual Report must be signed.* Signature: Lyn Morgan Date: 11/10/201 Name (type or print): Lyn Morgan Title: President			· · · · · · · · · · · · · · · · · · ·		
Processed 11/10/2014	1	* Electronically provided signatures are accepted as original signatures.					