| No. C 159796 | | Due no later than Apr 30, 2015 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|---|---|--|------------------------------------|---|--------------------|----------|------------|----------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. ORTON INSURANCE AND FINANCIAL SERVICES, INC. ROSCOE O ORTON 635 CHAD DR REXBURG ID 83440 | | ROSCOE O ORTON 635 CHAD DR REXBURG 83440 3. New Registered Agent Signature:* | | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | oss Addresses of Dres | ident Corretory and Directors Tree | activor / | (antional) | | | |
| Office Held Names | | ess Addresses of Pres | Street or PO Address | asurer (| City | State | Country | Postal Code |
| SECRETARY KAT | THLEEN C SCOE O | | 635 CHAD DRIVE 635 CHAD DRIVE | | REXBURG REXBURG | ID ID | USA USA | 83440 83440 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID C 159796 | | Signature: Kathleen C. Orton | | | Date: 03/13/2015 | | | |
| | | Name (type or print): Kathleen C. Orton | | | Title: secretary | | | |
| Processed 03/13/2015 | * Electronically provided signatures are accepted as original signatures. | | | | | | | |