

No. <b>C 134623</b>		<b>Due no later than Jun 30, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  SID NIELD INSURANCE AGENCY, INC. MAX S NIELD 4840 N ROSEPOINT WAY STE B BOISE ID 83713 USA		MAX S NIELD 4840 N ROSEPOINT WAY STE B BOISE ID 83713			
						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	VICKIE L NIELD	4840 N ROSEPOINT WAY STE.B	BOISE	ID	USA	83713	
PRESIDENT	MAX S. NIELD	4840 N ROSEPOINT WAY STE.B	BOISE	ID	USA	83713	
5. Organized Under the Laws of:  <b>ID</b> <b>C 134623</b>		6. Annual Report must be signed.*  Signature: vickie l nield Name (type or print): vickie l nield					
Processed 06/19/2017		* Electronically provided signatures are accepted as original signatures.  Date: 06/19/2017 Title: secretary					