| No. C 199452 | | Due no later than Aug 31, 2014 2. Registered Agent and Address (NO PO BOX) | | | | | 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. ARMSTRONG INSURANCE SERVICES INC. STACEY ANN ARMSTRONG 11938 N FOREST RD HAYDEN ID 83835 | | 11938 N FO HAYDEN ID | STACEY ANN ARMSTRONG 11938 N FOREST RD HAYDEN ID 83835 3. New Registered Agent Signature:* | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | ans Addresses of | Dresident Cogretow, and Directors Transport | curer (entional) | | | |
| 700 | Name | less Addresses of | Street or PO Address | City | State | Country | Postal Code |
| | STACEY ARI | MSTRONG | 11938 N FOREST RD | HAYDEN | ID | USA | 83835 |
| 5. Organized Under the Laws of: ID C 199452 | | 6. Annual Repor Signature: St Name (type o | | Date: 06/19/2014 Title: President | | | |
| Processed 06/19/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |