No. <b>C 161094</b>		Due no later than Jun 30, 2011 Annual Report Form  1. Mailing Address: Correct in this box if needed.  SHOOK-LEAVITT INSURANCE AGENCY, INC. TWILA BRINKERHOFF 216 S 200 W CEDAR CITY UT 84720 USA		2. Registered	Registered Agent and Address (NO PO BOX)  FRANK LANCASTER 217 S MAIN MOSCOW ID 83843			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE								
				MOSCOW				
				3. <u>New</u> Registered Agent Signature:*				
4. Corporations: Ente	r Names and Busin	ess Addresses	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR	VANCE K SI ERIC O LEA	VITT	216 S 200 W 216 S 200 W	CEDAR CITY CEDAR CITY	UT UT	USA USA	84720 84720	
SECRETARY DIRECTOR	MARK G KE AMY SHOOK	(	216 S 200 W 217 S MAIN	CEDAR CITY MOSCOW	UT ID	USA USA	84720 83843	
PRESIDENT	VANCE K S	МІТН	216 S 200 W	CEDAR CITY	UΤ	USA	84720	
5. Organized Under the Laws of:		6. Annual Rep	port must be signed.*					
ID C 161094		Signature: Twila Brinkerhoff		Date: 05/1	Date: 05/18/2011			
		Name (type or print): Twila Brinkerhoff		Title: Con	Title: Compliance Administrator			
Processed 05/18/201	1	* Electronically	y provided signatures are accepted as origina	l signatures.			·	