

No. C 165354	Due no later than Feb 28, 2010 Annual Report Form	2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. COLLIN SHARP INSURANCE AGENCY INC COLLIN SHARP PO BOX 5064 TWIN FALLS ID 83303	COLLIN SHARP 1976 S LINCOLN JEROME ID 83338 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
PRESIDENT	COLLN SHARP	1976 S LINCOLN	JEROME	ID	USA	83338
5. Organized Under the Laws of: ID C 165354	6. Annual Report must be signed.* Signature: Collin Sharp Name (type or print): Collin Sharp		Date: 03/04/2010 Title: Pres			
Processed 03/04/2010		* Electronically provided signatures are accepted as original signatures.				