| No. <b>C 161094</b>  |                    | Due no later than Jun 30, 2010  |                                 | 2         | 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 |                    | Annual Report Form  1. Mailing Address: Correct in this box if needed.  SHOOK-LEAVITT INSURANCE AGENCY, INC. BRADY C RAMSAY 216 S 200 W CEDAR CITY UT 84720 |                                 | _         | FRANK LANCASTER 217 S MAIN MOSCOW ID 83843  3. New Registered Agent Signature:* |       |         |             |
|  |                    |   |                                 |           |   |       |         |             |
| 4. Corporations: Ente  | er Names and Busin | ess Addresses of President  | , Secretary, and Directors. Tre | asurer (o | ptional).   |       |         |             |
| Office Held  | Name               |   | Street or PO Address            |           | City  | State | Country | Postal Code |
| DIRECTOR   | CAYLOR DAI         | LEY   | 465 S 400 E, STE 300            |           | SALT LAKE CITY  | UT    | USA     | 84111       |
| DIRECTOR   | ERIC O LEA         | VITT :  | 216 S 200 W                     |           | CEDAR CITY  | UT    | USA     | 84720       |
| SECRETARY MARK G KEN   |                    | NNEY :  | 216 S 200 W                     |           | CEDAR CITY  | UT    | USA     | 84720       |
| DIRECTOR   | AMY SHOOK          |   | 217 S MAIN                      |           | MOSCOW  | ID    | USA     | 83843       |
| PRESIDENT  | CAYLOR DAI         | LEY   | 465 S 400 E, STE 300            |           | SALT LAKE CITY  | UΤ    | USA     | 84111       |
| 5. Organized Under the Laws of:  |                    | 6. Annual Report must be signed.*   |                                 |           |   |       |         |             |
| ID<br>C 161094   |                    | Signature: Brady C Ramsay   |                                 |           | Date: 05/28/2010  |       |         |             |
|  |                    | Name (type or print): Brady C Ramsay  |                                 |           | Title: Assistant Treasurer  |       |         |             |

\* Electronically provided signatures are accepted as original signatures.

Processed 05/28/2010