

No. C 103235		Due no later than Sep 30, 2017 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. SWEET INSURANCE, INCORPORATED DIANA M SWEET 421 WASHINGTON ST N TWIN FALLS ID 83301		DIANA M SWEET 421 WASHINGTON ST N TWIN FALLS ID 83301			
						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	DIANA M SWEET	492 ORCHARD DR W	TWIN FALLS	ID	USA	83301	
PRESIDENT	CARL H SWEET	492 ORCHARD DR W	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 103235		6. Annual Report must be signed.* Signature: Diana Name (type or print): Diana					
		Date: 08/08/2017 Title: President					
Processed 08/08/2017		* Electronically provided signatures are accepted as original signatures.					