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|--|----------------|--|---------|--|---------|------------------|--|
| No. C 113008 | | Due no later than Dec 31, 2016 | | 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. BELL BLACK INSURANCE, INC. DAVID S BELL 237 N 2ND EAST SUITE 100 REXBURG ID 83440 | | DAVID S BELL 237 N 2ND EAST SUITE 100 REXBURG ID 83440 | | | |
| | | | | 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 | DAVID S BELL | 615 CANYON SPRINGS | REXBURG | ID | USA | 83440 | |
| DIRECTOR | THOMAS A BLACK | 936 W. 14TH N. | REXBURG | ID | USA | 83440 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 113008 | | Signature: david bell | | | | Date: 12/22/2016 | |
| | | Name (type or print): david bell | | | | Title: president | |
| Processed 12/22/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |