| No. C 132072 | | Due no later than Jan 31, 2011 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|----------------------------------|--|---|------------------------|--|------------|----------------|--|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. WALDO INSURANCE, INC. DAVID M WALDO PO BOX 1667 NYSSA OR 97913 | | 129 N PLYN | DAVID M WALDO 129 N PLYMOUTH AVE NEW PLYMOUTH ID 83655 | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | 3. New Registered Agent Signature:* | | | |
| 4. Corporations: Enter Nam | nes and Busin | ess Addresses of F | resident, Secretary, and Directors. Tre | asurer (optional). | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code | |
| | DAVID M WALDO BARBARA J WALDO | | PO BOX 1667 PO BOX 1667 | NYSSA NYSSA | OR OR | USA USA | 97913 97913 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| OR C 132072 | | Signature: Tawni Maxwell Date: 11/30/2010 | | | | | | |
| | | Name (type or | Ti | Title: Operations Mngr | | | | |
| Processed 11/30/2010 | | * Electronically pr | Electronically provided signatures are accepted as original signatures. | | | | | |