

No. <b>C 191975</b>		<b>Due no later than Aug 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  LACARIA INSURANCE AGENCY INCORPORATED JEREMY JAMES LACARIA 609 N CALGARY CT STE 2 POST FALLS ID 83854		JEREMY JAMES LACARIA 609 N CALGARY COURT POST FALLS ID 83854			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	JEREMY J LACARIA	609 N CALGARY COURT SUITE 2		POST FALLS	ID	USA	83854
5. Organized Under the Laws of:  <b>ID</b> <b>C 191975</b>		6. Annual Report must be signed.*  Signature: Jeremy Lacaria Name (type or print): Jeremy Lacaria  Date: 09/12/2014 Title: President					
Processed 09/12/2014 * Electronically provided signatures are accepted as original signatures.							