

No. C 159796		Due no later than Apr 30, 2011 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. ORTON INSURANCE AND FINANCIAL SERVICES, INC. ROSCOE O ORTON 635 CHAD DR REXBURG ID 83440		ROSCOE O ORTON 635 CHAD DR 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	
SECRETARY	KATHLEEN C ORTON	635 CHAD DRIVE	REXBURG	ID	USA	83440	
PRESIDENT	ROSCOE O ORTON	635 CHAD DRIVE	REXBURG	ID	USA	83440	
5. Organized Under the Laws of: ID C 159796		6. Annual Report must be signed.* Signature: Roscoe O. Orton Name (type or print): Roscoe O. Orton					
		Date: 02/09/2011 Title: President					
Processed 02/09/2011 * Electronically provided signatures are accepted as original signatures.							