No. C 69445		Due no later than Apr 30, 2012		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		LEON EDDINS			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailin	1. Mailing Address: Correct in this box if needed. INDEPENDENT MARKETING & INSURANCE SERVICES, INC. LEON EDDINS 2443 BRUINS CIRCLE BOISE ID 83704 2443 BRUINS CIRCLE 3. New Registered Agent		2443 BRUINS CIRCLE BOISE ID 83704			
PO BOX 83720 BOISE, ID 83720-0080	LEON EDI						
	BOISE ID			ered Agent Si	gnature:*		
NO FILING FEE IF RECEIVED BY DUE DATE							
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 LEON R	DENT LEON R EDDINS 2443 BRUINS CIR.		BOISE	ID	USA	83704-6241	
5. Organized Under the Laws of: 6. Annual Report must be signed.*							
ID	Signature	Signature: Leon Eddins		Date: 03/19/2012			
C 69445	Name (ty	pe or print): Leon Eddins	Title: Pres.				
Processed 03/19/2012	* Electronica	* Electronically provided signatures are accepted as original signatures.					