

No. C 157088		Due no later than Oct 31, 2015 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. GEOFF LEWIS INSURANCE AGENCY, INC. GEOFF LEWIS 1433 N COLE RD BOISE ID 83704		GEOFFREY R LEWIS 1433 N COLE RD BOISE ID 83704			
						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	GEOFFREY R LEWIS	12217 N HUMPHREYS	BOISE	ID	USA	83714	
5. Organized Under the Laws of: ID C 157088		6. Annual Report must be signed.* Signature: Geoffrey Lewis Name (type or print): Geoffrey Lewis Date: 08/18/2015 Title: President					
Processed 08/18/2015 * Electronically provided signatures are accepted as original signatures.							