

No. C 83387		Due no later than Mar 31, 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. STRADLEY INSURANCE, INC. H. ROBERT STRADLEY 125 NORTH MAIN PO BOX S KIMBERLY ID 83341 USA		H. ROBERT STRADELY, JR. 125 NORTH MAIN 125 NORTH MAIN KIMBERLY ID 83341			
						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	H. ROBERT STRADLEY	125 N. MAIN P.O. BOX S	KIMBERLY	ID	USA	83341	
SECRETARY	HELEN M. STRADLEY	125 N. MAIN P.O. BOX S	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of: ID C 83387		6. Annual Report must be signed.* Signature: H. Robert Stradley Name (type or print): H. Robert Stradley					
Processed 03/31/2011		Date: 03/31/2011 Title: President * Electronically provided signatures are accepted as original signatures.					