

No. C 86863	Due no later than Jun 30, 2013 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. MICHAEL S. MAY INSURANCE AGENCY INCORPORATED MICHAEL S MAY 611 S ORCHARD ST BOISE ID 83705-1243	MICHAEL S MAY 611 S ORCHARD ST BOISE ID 83705-1243 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	MICHAEL S MAY	6950 ASHLAND DR	BOISE	ID	USA	83709-1914
5. Organized Under the Laws of: ID C 86863	6. Annual Report must be signed.* Signature: Michael S May Name (type or print): Michael S May			Date: 05/01/2013	Title: President	Processed 05/01/2013
* Electronically provided signatures are accepted as original signatures.						