

No. <b>C 97086</b>		<b>Due no later than Dec 31, 2010</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  OVERACRE INSURANCE AGENCY, INC. DAVID T OVERACRE P O BOX R 119 CENTER STREET E KIMBERLY ID 83341 USA		DAVID T OVERACRE 525 JEFFERSON ST 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	DAVID T OVERACRE	525 JEFFERSON STREET	KIMBERLY	ID	USA	83341	
SECRETARY	CHRISTINA M OVERACRE	525 JEFFERSON STREET	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:  <b>ID</b> <b>C 97086</b>		6. Annual Report must be signed.*  Signature: David Overacre Name (type or print): David Overacre					
		Date: 10/07/2010 Title: President					
Processed 10/07/2010		* Electronically provided signatures are accepted as original signatures.					