

No. <b>C 118721</b>		<b>Due no later than Mar 31, 2017</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>  LAURA DRAKE INSURANCE & FINANCIAL SERVICES, INC. LAURA DRAKE 401 GOODING STREET N. #106 TWIN FALLS ID 83303		LAURA DRAKE 1966 E 4100 N FILER ID 83328			
						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	
SECRETARY	RANDY L DRAKE	1966 E 4100 N	FILER	ID	USA	83328	
PRESIDENT	LAURA J DRAKE	1966 E 4100 N	FILER	ID	USA	83328	
5. Organized Under the Laws of:  <b>ID</b> <b>C 118721</b>		6. Annual Report must be signed.*  Signature: Laura Drake Name (type or print): Laura Drake  Date: 02/20/2017 Title: President					
Processed 02/20/2017 * Electronically provided signatures are accepted as original signatures.							