

No. C 204412		Due no later than Dec 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. MICHAEL JENKINS AGENCY INC 15630 BOONES FERRY RD STE 5 LAKE OSWEGO OR 97035		IDAHO DEPARTMENT OF INSURANCE BILL DEAL 700 W STATE ST FLOOR 3 BOISE ID 83702	
				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 JENKINS	15630 BOONES FERRY RD STE 5	LAKE OSWEGO	OR	97035
5. Organized Under the Laws of: OR C 204412		6. Annual Report must be signed.* Signature: MICHAEL JENKINS Name (type or print): MICHAEL JENKINS Date: 01/22/2017 Title: PRESIDENT			
Processed 01/22/2017		* Electronically provided signatures are accepted as original signatures.			