

|  |               |   |           |  |         |             |  |
|--|---------------|---|-----------|--|---------|-------------|--|
| No. <b>C 127766</b>  |               | <b>Due no later than Mar 31, 2009</b>   |           | 2. Registered Agent and Address <b>(NO PO BOX)</b> |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |               | <b>1. Mailing Address: Correct in this box if needed.</b><br>TODD LESLIE INSURANCE SERVICES, INC.<br>TODD LESLIE<br>PO BOX 823<br>BLACKFOOT ID 83221<br>USA |           | TODD LESLIE<br>180 W 225 N<br>BLACKFOOT ID 83221   |         |             |  |
|  |               |   |           | 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  | TODD D LESLIE | 180 W 225 N   | BLACKFOOT | ID   | USA     | 83221       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 127766</b>  |               | 6. Annual Report must be signed.*<br>Signature: Todd Leslie<br>Name (type or print): Todd Leslie  |           |  |         |             |  |
|  |               | Date: 01/22/2009<br>Title: Presedent  |           |  |         |             |  |
| Processed 01/22/2009   |               | * Electronically provided signatures are accepted as original signatures.   |           |  |         |             |  |