

No. C 157088	Due no later than Oct 31, 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. GEOFF LEWIS INSURANCE AGENCY, INC. GEOFF LEWIS 1433 N COLE RD BOISE ID 83704		GEOFFREY R LEWIS 1433 N COLE RD BOISE ID 83704			
			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	GEOFFREY R LEWIS	12217 N HUMPHREYS	BOISE	ID	USA	83714
5. Organized Under the Laws of: ID C 157088	6. Annual Report must be signed.* Signature: Geoff Lewis Name (type or print): Geoff Lewis		Date: 08/08/2013 Title: President			
Processed 08/08/2013		* Electronically provided signatures are accepted as original signatures.				