No. C 202055		Annual Report Form 1. Mailing Address: Correct in this box if needed. STRATEGIC INSURANCE CONCEPTS INC. 2240 SARATOGA DR IDAHO FALLS ID 83404		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				14071 SOUTI IDAHO FALLS	DANIEL MCPHERSON 14071 SOUTH 1ST EAST IDAHO FALLS ID 83404 3. New Registered Agent Signature:*			
NO FILING RECEIVED BY 4. Corporations: Enter	DUE DATE	ness Addresses of	President, Secretary, and Directors. Tre	easurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DANIEL MCI	PHERSON	14071 S 1ST E	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 202055		Signature: Da		Date: 06/20/2015				
		Name (type o		Title: President				
Processed 06/20/2015	5	* Electronically provided signatures are accepted as original signatures.						