

No. C 72519		Due no later than Apr 30, 2016 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. SANDPOINT TITLE INSURANCE, INCORPORATED THOMAS E. WILLIAMS 120 EAST LAKE STREET SUITE #202 SANDPOINT ID 83864 USA		THOMAS E WILLIAMS 120 EAST LAKE STREET SUITE #202 SANDPOINT ID 83864			
				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	
VICE PRESIDENT	LONNIE A. WILLIAMS	120 EAST LAKE ST. STE 202	SANDPOINT	ID	USA	83864	
PRESIDENT	THOMAS E. WILLIAMS	120 EAST LAKE STREET SUITE #202	SANDPOINT	ID	USA	83864	
DIRECTOR	THOMAS E. WILLIAMS	120 EAST LAKE STREET SUITE #202	SANDPOINT	ID	USA	83864	
SECRETARY	LONNIE A WILLIAMS	120 EAST LAKE STREET SUITE #202	SANDPOINT	ID	USA	83864	
DIRECTOR	LONNIE A. WILLIAMS	120 EAST LAKE STREET SUITE #202	SANDPOINT	ID	USA	83864	
TREASURER	LONNIE A. WILLIAMS	120 E. LAKE ST. SUITE #202	SANDPOINT	ID	USA	83864	
5. Organized Under the Laws of: ID C 72519		6. Annual Report must be signed.* Signature: Thomas E. Williams Name (type or print): Thomas E. Williams		Date: 05/20/2016 Title: President			
Processed 05/20/2016		* Electronically provided signatures are accepted as original signatures.					