No. C 194877		Due no later than May 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		DAVID M WALDO				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. FIELD-WALDO INSURANCE AGENCIES, INC. TAWNI Maxwell PO BOX 1667		d.	32279 APPLE VALLEY RD PARMA ID 83660			
		NYSSA OR 97913			3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of I	President, Secretary, and Directors. Trea	asurer (c	ptional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	DAVID M WALDO		PO BOX 1667		NYSSA	OR	USA	97913
SECRETARY	ECRETARY BARBARA J		PO BOX 1667		NYSSA	OR	USA	97913
E Organized Under the U	awa of	6 Annual Danart	must be signed *					
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR C 194877		Signature: Tawni Maxwell			Date: 04/26/2017			
		Name (type or print): Tawni Maxwell			Title: Controller			
Processed 04/26/2017		* Electronically pr	ovided signatures are accepted as origin	nal signa	tures.			