No. C 126335		Due no later than Nov 30, 2011	2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		RENEE SCHAFER 15 W 600 S RUPERT ID 83350 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SCHAFER INSURANCE AGENCY, INC. RENEE SCHAFER 605 MINIDOKA AVE BURLEY ID 83318	RUPERT 1				
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Nam	nes and Busin	ness Addresses of President, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT RENEE SCHA		AFER 605 MINIDOKA AVE	BURLEY	ID	USA	83318	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID		Signature: Renee Schafer		Date: 11/30/2011			
C 126335		Name (type or print): Renee Schafer	Title: President				
rocessed 11/30/2011 * Electronically provided signatures are accepted as original signatures.							