

No. <b>C 78207</b>		Due no later than Mar 31, 2016		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> ARCHIBALD INSURANCE CENTER, INC. TWILA BRINKERHOFF 216 S 200 W CEDAR CITY UT 84720		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713	
				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	JAKE JENSEN	216 S 200 W	CEDAR CITY	UT	USA 84720
VICE PRESIDENT	AARON COTTLE	135 W MAIN	REXBURG	ID	USA 83440
VICE PRESIDENT	GARY ARCHIBALD	135 W MAIN	REXBURG	ID	USA 83440
SECRETARY	MARK G KENNEY	216 S 200 W	CEDAR CITY	UT	USA 84720
TREASURER	MICHAEL S LEAVITT	216 S 200 W	CEDAR CITY	UT	USA 84720
DIRECTOR	VANCE K SMITH	216 S 200 W	CEDAR CITY	UT	USA 84720
DIRECTOR	JAKE JENSEN	216 S 200 W	CEDAR CITY	UT	USA 84720
DIRECTOR	ERIC O LEAVITT	216 S 200 W	CEDAR CITY	UT	USA 84720
DIRECTOR	AARON COTTLE	135 W MAIN	REXBURG	IR	USA 83440
DIRECTOR	GARY ARCHIBALD	135 W MAIN	REXBURG	ID	USA 83440
5. Organized Under the Laws of:  <b>ID C 78207</b>		6. Annual Report must be signed.* Signature: TWILA BRINKERHOFF Name (type or print): TWILA BRINKERHOFF Date: 01/28/2016 Title: ADMINISTRATIVE ASSISTANT			
Processed 01/28/2016		* Electronically provided signatures are accepted as original signatures.			