No. <b>C 178118</b>		Due no later than Apr 30, 2011		2.	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TRACY L WARFIELD 208 E GROVE PARMA ID 83660  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		1. Mailing Address: Correct in this box if needed.  GRAYFIELD INSURANCE AGENCY, INC.  TRACY L WARFIELD  PO BOX 900  PARMA ID 83660  USA  ess Addresses of President, Secretary, and Directors. Treasurer (		_				
				esurer (or				
Office Held	Name	ess Addresses (	Street or PO Address		City	State	Country	Postal Code
SECRETARY	LEONARD K	HAYDEN	208 E GROVE		PARMA	ID	USA	83660
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 178118		Signature: Tracy L. Warfield			Date: 02/08/2011			
		Name (type or print): Tracy L. Warfield			Title: President			
Processed 02/08/2011		* Electronically	provided signatures are accepted as origin	nal signatı	ures.	_		_