No. C 196487		Due no later than Nov 30, 2013 Annual Report Form 1. Mailing Address: Correct in this box if needed. WOOD RIVER INSURANCE, INC 410 N MAIN ST HAILEY ID 83333		2. Registered	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				78 SW 5TH MERIDIAN	KENNETH L MELLEA 78 SW 5TH AVE STE 1 MERIDIAN ID 83642 3. New 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	
DIRECTOR	MARGARET BALCOS MARK S BALCOS HAILEE BLOMQUIST-MINTZ		410 N MAIN ST 410 N MAIN ST 410 N MAIN ST	HAILEY HAILEY HAILEY	ID ID ID	USA USA USA	83333 83333 83333	
PRESIDENT	GREGORY BL	OOMFIELD	410 N MAIN ST	HAILEY	ID	USA	83333	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 196487		Signature: Sandy Kelly			Date: 10/29/2013			
		Name (type or print): Sandy Kelly			Title: Cpa			
Processed 10/29/2013 * Electronically provided signatures are accepted as original signatures.								