

No. <b>C 195122</b>		<b>Due no later than Jun 30, 2014</b> <b>Annual Report Form</b>		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>1. Mailing Address: Correct in this box if needed.</b>  SPEARS INSURANCE, INC. CAREY SPEARS 102 S EUCLID AVE #113 SANDPOINT ID 83864		CAREY SPEARS 102 S EUCLID AVE #113 SANDPOINT ID 83864			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	CAREY ANN SPEARS	219 HEATH LAKE RD	SAGLE	ID	USA	83860	
5. Organized Under the Laws of:  <b>ID</b> <b>C 195122</b>		6. Annual Report must be signed.*  Signature: Carey Ann Spears Name (type or print): Carey Ann Spears					
		Date: 04/21/2014 Title: President					
Processed 04/21/2014      * Electronically provided signatures are accepted as original signatures.							