No. **C 115619**	**Due no later than Jul 31, 2015** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** GARY F. JOHNSON INSURANCE AGENCY, INC. GARY F JOHNSON 1301 E 16TH BURLEY ID 83318	GARY F JOHNSON 1301 E 16TH BURLEY ID 83318 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	GARY F JOHNSON	204 S 50 E	BURLEY	ID	USA	83318
DIRECTOR	KAREN JOHNSON	204 S 50 E	BURLEY	ID	USA	83318

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 115619**	Signature: Karen Johnson	Date: 07/30/2015
	Name (type or print): Karen Johnson	Title: Director

Processed 07/30/2015

* Electronically provided signatures are accepted as original signatures.