No. **C 118139**	**Due no later than Feb 29, 2012** **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.** CHALLIS INSURANCE AGENCY, INCORPORATED KATHLEEN J PLUMMER PO BOX 525 810 E MAIN AVENUE CHALLIS ID 83226 USA	KATHLEEN J PLUMMER 810 E MAIN AVENUE CHALLIS ID 83226 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
PRESIDENT	BRETT ALLEN PLUMMER	PO BOX B	CHALLIS	ID	USA	83226
SECRETARY	KATHLEEN JO PLUMMER	PO BOX 525	CHALLIS	ID	USA	83226

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 118139**	Signature: Kathleen J Plummer	Date: 12/16/2011
	Name (type or print): Kathleen J Plummer	Title: Secretary

Processed 12/16/2011

* Electronically provided signatures are accepted as original signatures.