

No. C 188220	Due no later than Aug 31, 2016 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. INFANGER INSURANCE INCORPORATED MIKE INFANGER 329 S WOODRUFF AVE IDAHO FALLS ID 83401	MIKE INFANGER 329 S WOODRUFF AVE IDAHO FALLS ID 83401				
		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	MIKE INFANGER	329 S WOODRUFF AVE	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID C 188220	6. Annual Report must be signed.* Signature: MIKE INFANGER Name (type or print): MIKE INFANGER		Date: 06/21/2016 Title: PRES			
Processed 06/21/2016		* Electronically provided signatures are accepted as original signatures.				