No. C 181120		Due no later than Dec 31, 2017		2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. LEAVITT INSURANCE AGENCY OF WESTERN IDAHO, INC. KATIE BEARNSON PO BOX 130			CORPORATION SERVICE COMPANY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE				12550 W EXPLORER DR STE 100 BOISE ID 83713				
								CEDAR CITY UT 84721-0130
		4. Corporations: Enter	Names and Busine	ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).		
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	JAKE JENSEN	J	216 S 200 W	CEDAR CITY	UT	USA	84720	
VICE PRESIDENT	ALYCE HILLN	1AN	6220 N DISCOVERY WAY	BOISE	ID	USA	83714	
SECRETARY	MARK G KENNEY		216 S 200 W	CEDAR CITY	UT	USA	84720	
TREASURER	MICHAEL S LEAVITT		216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	VANCE K SMITH		216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	ALYCE HILLMAN		6220 N DISCOVERY WAY	BOISE	ID	USA	83714	
DIRECTOR JAKE JENSE		N	216 S 200 W	CEDAR CITY	UΤ	USA	84720	
5. Organized Under th	ne Laws of:	6. Annual Repor	t must be signed.*					
ID		Signature: Katie Bearnson		Date: 11/15/2017				
C 181120		Name (type or print): Katie Bearnson		Title: Compliance Specialist				
Processed 11/15/2017		* Flectronically n	rovided signatures are accepted as original s	ignatures				