No. C 80165		Due no later than Dec 31, 2009		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed. STARLEY-LEAVITT INSURANCE AGENCY, INC. ALLEN STARLEY PO BOX 1947 TWIN FALLS ID 83303-1947 USA		No. of the Printers of the Control o	ALLEN STARLEY			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE					715 SHOSHONE ST N TWIN FALLS ID 83301			
				TWIN FALLS	TWIN FALLS ID 65501			
				3. <u>New</u> Register	3. New Registered Agent Signature:*			
4. Corporations: Enter Na	ames and Busin	ess Addresses of Presi	dent, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	ANDY DALLE	Y	465 S 400 E STE 300	SALT LAKE CI	Y UT	USA	84111	
SECRETARY	MARK KENN	EY	PO BOX 130	CEDAR CITY	UT	USA	84721	
PRESIDENT CAYLOR DAYLLEY		YLLEY	465 S 400 E STE 300	SALT LAKE CT	Y UT	USA	84111	
5. Organized Under the Laws of:		6. Annual Report mus	st be signed.*					
ID C 80165		Signature: Grant Starley		Da	Date: 10/23/2009			
		Name (type or print): Grant Starley		Tit	Title: Vice President			
Processed 10/23/2009 * Electronically provided signatures are accepted as original signatures.								