

|  |                |  |       |  |         |                  |  |
|--|----------------|--|-------|--|---------|------------------|--|
| No. <b>C 190753</b>  |                | <b>Due no later than Apr 30, 2013</b>  |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>         |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                | <b>1. Mailing Address: Correct in this box if needed.</b><br>COLE INSURANCE CENTER, INC.<br>KEVIN A CARSON<br>5656 PEACHTREE ST<br>BOISE ID 83703-3122 |       | KEVIN A CARSON<br>5656 PEACHTREE ST<br>BOISE ID 83703-3122 |         |                  |  |
|  |                |  |       | 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  | KEVIN A CARSON | 611 S ORCHARD ST   | BOISE | ID   | USA     | 83705-1243       |  |
| 5. Organized Under the Laws of:  |                | 6. Annual Report must be signed.*  |       |  |         |                  |  |
| <b>ID<br/>C 190753</b>   |                | Signature: Kevin Carson  |       |  |         | Date: 03/04/2013 |  |
|  |                | Name (type or print): Kevin Carson   |       |  |         | Title: President |  |
| Processed 03/04/2013   |                | * Electronically provided signatures are accepted as original signatures.  |       |  |         |                  |  |