No. C 181120		Due no later than Dec 31, 2009 Annual Report Form 1. Mailing Address: Correct in this box if needed. LEAVITT INSURANCE AGENCY OF WESTERN IDAHO, INC. 6220 N DISCOVERY WAY BOISE ID 83714		2. Registered Age	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				6220 N DISCO BOISE ID 83	DWAYNE SPEEGLE 6220 N DISCOVERY WAY BOISE ID 83714 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).								
Office Held	Name		treet or PO Address	City	State	Country	Postal Code	
PRESIDENT CAYLOR DALLEY		LEY 4	65 SOUTH 400 EAST STE 300	SALT LAKE CITY	′ UT	USA	84111	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Alyce Hillman		Dat	Date: 11/25/2009			
C 181120		Name (type or print): Alyce Hillman		Title	Title: Vice President			
Processed 11/25/2009 * Electronically provided signatures are accepted as original signatures.								