

No. <b>C 194877</b>		<b>Due no later than May 31, 2015</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>		DAVID M WALDO 32279 APPLE VALLEY RD PARMA 83660		
		<b>1. Mailing Address: Correct in this box if needed.</b>		3. <u>New</u> Registered Agent Signature:*		
		FIELD-WALDO INSURANCE AGENCIES, INC. TAWNI Maxwell PO BOX 1667 NYSSA OR 97913 USA				
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	DAVID M WALDO	PO BOX 1667	NYSSA	OR	USA	97913
SECRETARY	BARBARA J WALDO	PO BOX 1667	NYSSA	OR	USA	97913
5. Organized Under the Laws of:  <b>OR C 194877</b>		6. Annual Report must be signed.* Signature: Tawni Maxwell Name (type or print): Tawni Maxwell		Date: 03/23/2015 Title: Controller		
Processed 03/23/2015		* Electronically provided signatures are accepted as original signatures.				