

Due no later than April 30, 2008 Annual Report Form		2. Registered Agent and Office NO PO BOX	
No. C 166088	1. Mailing Address - Correct in this box, if applicable ANGELA M. MUNIZ INSURANCE AGENCY, I ANGELA M MUNIZ 5216 E CLEVELAND BLVD STE H 704 Dearborn St CALDWELL, ID 83605		ANGELA M MUNIZ 5216 E CLEVELAND BLVD STE H CALDWELL, ID 83605 704 Dearborn St Caldwell, ID 83605
Return to: SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		3. New Registered Agent Signature	
4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.			
<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u> <u>State</u> <u>Zip</u>
President	Angela Muniz	704 Dearborn St	Caldwell ID 83605
5. Organized Under the Laws of: IDAHO C 166088		6. Signature <u>Angela Muniz</u> Date <u>4/14/08</u> Name (Typed or Printed) <u>Angela Muniz</u>	

Issued 02/01/2008

Do Not Tape or Seal