

No. C 52666	Due no later than Jan 31, 2015 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT BOWEN 1545 CENTER AVE ST MARIES ID 83861														
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. RAY A. BOWEN AGENCY, INC. RAY A BOWEN 1545 CENTER AVE ST MARIES ID 83861		3. <u>New</u> Registered Agent Signature.														
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>PRESIDENT</td> <td>Robert Bowen</td> <td>1545 CENTER ST</td> <td>ST MARIES</td> <td>ID</td> <td></td> <td>83861</td> </tr> </tbody> </table>				Office Held	Name	Street or PO Address	City	State	Country	Postal Code	PRESIDENT	Robert Bowen	1545 CENTER ST	ST MARIES	ID		83861
Office Held	Name	Street or PO Address	City	State	Country	Postal Code											
PRESIDENT	Robert Bowen	1545 CENTER ST	ST MARIES	ID		83861											
5. Organized Under the Laws of: IDAHO C 52666	6. Signature: <u>Robert Bowen</u> Date: <u>12-8-14</u> Name (type or print): <u>ROBERT BOWEN</u> Title: <u>12-8-14</u>																
Issued 12/03/2014 by SLD 111275																	