No. C 186934		Due no later than Apr 30, 2015		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		S BRADEN BREINHOLT			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	BLACK BEAR I BRADEN BREI 12 N SPRUCE	1. Mailing Address: Correct in this box if needed. BLACK BEAR INSURANCE INC. BRADEN BREINHOLT 12 N SPRUCE ST ANTHONY ID 83445		12 N SPRUCE ST ANTHONY ID 83445 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Bu	siness Addresses of	President, Secretary, and Directors. Tre	asurer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT S BRADEN BREINHOLT		12 N SPRUCE	ST ANTHONY	ID	USA	83445	
5. Organized Under the Laws of:	6. Annual Repor	t must be signed.*					
ID	ID Signature: S Braden Breinholt			Date: 04/30/2015			
C 186934	Name (type o	Name (type or print): S Braden Breinholt		Title: President			
Processed 04/30/2015	* Electronically p	* Electronically provided signatures are accepted as original signatures.					