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|--|-----------------|--|--------|--|---------|-------------|--|
| No. C 162321 | | Due no later than Sep 30, 2014 | | 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 RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. KEN FRONK INSURANCE, LIMITED KENNETH E FRONK 444 E 5TH N BURLEY ID 83318 USA | | KENNETH E FRONK 444 E 5TH N BURLEY 83318 | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| 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 | |
| SECRETARY | BONNIE A FRONK | 444 EAST 5TH NORTH | BURLEY | ID | USA | 83318-3462 | |
| PRESIDENT | KENNETH E FRONK | 444 EAST 5TH NORTH | BURLEY | ID | USA | 83318-3462 | |
| 5. Organized Under the Laws of: ID C 162321 | | 6. Annual Report must be signed.* Signature: KENNETH E FRONK Name (type or print): KENNETH E FRONK Date: 10/20/2014 Title: PRESIDENT | | | | | |
| Processed 10/20/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |