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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|------------------------------------------------------------------|-------|---------|-------------|--|
| No. <b>C 141756</b>                                                                                                                                    | <b>Due no later than Dec 31, 2009</b><br><b>Annual Report Form</b>                                                                                        |                                                                           | 2. Registered Agent and Address <b>(NO PO BOX)</b>               |       |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> | <b>1. Mailing Address: Correct in this box if needed.</b><br>MJR INSURANCE, INC.<br>JAY REINKE<br>3737 N LOCUST GROVE RD #100<br>MERIDIAN ID 83646<br>USA |                                                                           | M JAY REINKE<br>3737 N LOCUST GROVE RD #100<br>MERIDIAN ID 83646 |       |         |             |  |
|                                                                                                                                                        |                                                                                                                                                           |                                                                           | 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                                                                                                                                              | LISA M REINKE                                                                                                                                             | 3737 N LOCUST GROVE RD SUITE 100                                          | MERIDIAN                                                         | ID    | USA     | 83646       |  |
| PRESIDENT                                                                                                                                              | M JAY REINKE                                                                                                                                              | 3737 N LOCUST GROVE RD SUITE 100                                          | MERIDIAN                                                         | ID    | USA     | 83646       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 141756</b>                                                                                          | 6. Annual Report must be signed.*<br>Signature: M Jay Reinke<br>Name (type or print): M Jay Reinke                                                        |                                                                           | Date: 10/19/2009<br>Title: President                             |       |         |             |  |
| Processed 10/19/2009                                                                                                                                   |                                                                                                                                                           | * Electronically provided signatures are accepted as original signatures. |                                                                  |       |         |             |  |