

No. C 69632		Due no later than Apr 30, 2015		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		DAVID S TROY 1822 18TH AVE LEWISTON 83501			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		TROY INSURANCE AGENCY, INC. DAVID S TROY PO BOX 796 LEWISTON ID 83501 USA					
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	GISELA TROY	1822 18TH AVENUE PO BOX 796	LEWISTON	ID	USA	83501	
PRESIDENT	DAVID S TROY	1822 18TH AVENUE PO BOX 796	GENESEE	ID	USA	83832	
DIRECTOR	MIKE MAC DOWELL	1822 18TH AVENUE PO BOX 796	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 69632		6. Annual Report must be signed.* Signature: Farren Nilsson Name (type or print): Farren Nilsson					
		Date: 02/17/2015 Title: Authorized Filing Party					
Processed 02/17/2015		* Electronically provided signatures are accepted as original signatures.					