

No. C 140093		Due no later than Jul 31, 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. KATHLEEN RANKIN INSURANCE AGENCY, INC. KATHLEEN RANKIN 6900 OVERLAND RD BOISE ID 83709 USA		KATHLEEN RANKIN 6900 OVERLAND RD BOISE ID 83709			
				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	
PRESIDENT	KATHLEEN C RANKIN	6900 OVERLAND RD.	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID C 140093		6. Annual Report must be signed.* Signature: Kathleen C Rankin Name (type or print): Kathleen C Rankin			Date: 05/18/2014 Title: President		
Processed 05/18/2014		* Electronically provided signatures are accepted as original signatures.					