No. C 200370	Due no later than Nov 30, 2015	2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form	REGISTERED AGENT SOLUTIONS INC			
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.	921 S ORCHARD ST STE G BOISE ID 83705			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	KIELY, HINES & ASSOCIATES INSURANCE AGENCY, INC. ETHAN FARABEE PO BOX 7669	3. New Registered Agent Signature:*			
	LOUISVILLE KY 40257				
NO FILING FEE IF RECEIVED BY DUE DATE					
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 ELLEN K TRABUE 6100 DUTCHMANS LN 10TH FL		LOUISVILLE	KY		40257
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ку	Signature: Ethan Farabee	Date: 11/17/2015			
C 200370	Name (type or print): Ethan Farabee	Title: Assistant Bookkeeper			
Processed 11/17/2015	* Electronically provided signatures are accepted as original signatures.				