

No. C 97086		Due no later than Dec 31, 2016		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. OVERACRE INSURANCE AGENCY, INC. DAVID T OVERACRE P O BOX R 119 CENTER STREET E KIMBERLY ID 83341 USA		DAVID T OVERACRE 3980 N 3625 E KIMBERLY ID 83341			
				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	DAVID T OVERACRE	3980 N 3625 E	KIMBERLY	ID	USA	83341	
SECRETARY	CHRISTINA M OVERACRE	3980 N 3625 E	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of: ID C 97086		6. Annual Report must be signed.* Signature: David Overacre Name (type or print): David Overacre Date: 11/01/2016 Title: President					
Processed 11/01/2016		* Electronically provided signatures are accepted as original signatures.					