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|--|--------------------|---|------------|--|------------------|-------------|--|
| No. C 164277 | | Due no later than Jan 31, 2010 | | 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 | | 1. Mailing Address: Correct in this box if needed. NEIL D. CHRISTENSEN INSURANCE AND FINANCIAL SERVICES, INC. NEIL D CHRISTENSEN 451 EASTLAND DR STE 1 TWIN FALLS ID 83301 USA | | NEIL D CHRISTENSEN 451 EASTLAND DR STE 1 TWIN FALLS ID 83301 | | | |
| | | | | 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 | NEIL D CHRISTENSEN | 451 EASTLAND DR STE 1 | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 164277 | | Signature: Neil Christensen | | | Date: 11/09/2009 | | |
| | | Name (type or print): Neil Christensen | | | Title: President | | |
| Processed 11/09/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | | |