| No. C 136534 | | Due no later than Dec 31, 2017 | | 2. Registered | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------------------|--|---|---|---|---------|-------------|--|
| Return to: | | Annual Report Form | | PEGGY L SELLMAN | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | 1. Mailing Address: Correct in this box if needed. SELLMAN INSURANCE AGENCY INC. PEGGY L SELLMAN 321 2ND ST S #104 NAMPA ID 83651 | | 321 2ND STREET SO SUITE 104 NAMPA ID 83651 3. New Registered Agent Signature:* | | | | |
| NO FILING RECEIVED BY | DUE DATE | Add: | Decident Country and Diverton Transcount | (anti-nal) | | | | |
| 4. Corporations: Ente Office Held | r Names and Busir Name | ess addresses of | President, Secretary, and Directors. Treasure Street or PO Address | er (optional). City | State | Country | Postal Code | |
| PRESIDENT | PEGGY L SI | ELLMAN | 321 2ND STREET SO SUITE 104 | NAMPA | ID | USA | 83651 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | | |
| ID | | Signature: Peggy Sellman | | Date: 10/30/2017 | | | | |
| C 136534 | | Name (type o | | Title: President | | | | |
| Processed 10/30/2013 | 7 | * Electronically p | rovided signatures are accepted as original si | gnatures. | | | | |