

No. C 204583		Due no later than Jan 31, 2018		Annual Report Form		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. THOMAS INSURANCE AGENCY INC. PO BOX 9288 SALT LAKE CITY UT 84109		JOE RAY DAVIS 3210 WEST 2000 NORTH MALAD CITY ID 83252		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 KEM THOMAS	3165 HIGHLAND DR	SALT LAKE CITY	UT		83106	
SECRETARY	ALLAN D THOMAS	3165 HIGHLAND DR	SALT LAKE CITY	UT		84106	
5. Organized Under the Laws of: UT C 204583		6. Annual Report must be signed.* Signature: David Thomas Name (type or print): David Thomas Date: 12/06/2017 Title: President					
Processed 12/06/2017		* Electronically provided signatures are accepted as original signatures.					