

No. C 109212		Due no later than Jan 31, 2016 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. TIM JENESON INSURANCE AGENCY, INC. TIM JENESON PO BOX 477 KETCHUM ID 83340		TIM JENESON 540 FIRST AVE NORTH STE 201 KETCHUM ID 83340			
						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	TIM JENESON	214 SWEETBRIER DR.	HAILEY	ID	USA	83333	
DIRECTOR	TIM JENESON	214 SWEETBRIER DR	HAILEY	ID	USA	83333	
SECRETARY	TIM JENESON	214 SWEETBRIER DR	HAILEY	ID	USA	83333	
5. Organized Under the Laws of: ID C 109212		6. Annual Report must be signed.* Signature: tim jeneson Name (type or print): tim jeneson					
		Date: 12/07/2015 Title: president					
Processed 12/07/2015 * Electronically provided signatures are accepted as original signatures.							