No. 91496 Return-To Secretary of State Room 203, Statehouse Boise, ID 83720 ** FINAL NOTICE ** NO FEE REQUIRED	Idaho Corporation Annual Report Form Due No Later Than Nevember 1,	SONDR	ered Agent and	TT	OT A P.O. BC)X
	1 Mailing Address ~ Please Correct, If Not Correct		1688 KIMBERET ROAD Suite 1			
	SONDRA MCDERMOTT INSURANCE AGEN	GEN TWIN	FALLS	ID	83301	00
	SONDRA MCDERMOTT - 1688 KIMBERLY ROAD SUITE 1 TWIN FALLS ID 83301 00	of	orated Under Th ID 91496	e Laws		
4. Names and Addresses of Officer	and Directors		· ·			
	Name Street or P.O. Address		City	State	Zip	
President: Secretary:	Jonara McDernatt 1688Kimb Stacy Price 1688Kimb	uely Rd. I	ura Fall	. Fa.	8330	1/
Directors:		,				
Directors:		,				
Directors:		,	7	at		
5. Nature of Business	6. I certify that this Annual Report has been	n examined by me	e and is to the b	est of my	knowledge	
	6. I certify that this Annual Report has been	n examined by me	e and is to the b	est of my		