No. **C 140962**	**Due no later than Oct 31, 2012** **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.** MORGAN INSURANCE, INC. LYN L MORGAN PO BOX 3026 TWIN FALLS ID 83303	LYN MORGAN 904 BLUE LAKES BLVD TWIN FALLS ID 83301 3. New 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	LYN L MORGAN	P O BOX 3026	TWIN FALLS	ID	USA	83303

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 140962**	Signature: Lyn Morgan	Date: 11/07/2012
	Name (type or print): Lyn Morgan	Title: President

Processed 11/07/2012

* Electronically provided signatures are accepted as original signatures.