| No. C 83 | 387 | | nnual Report Fo | | 2. Registered Agent a | nd Office N | OT A P.O. BOX |
|--|---------------|--|---------------------|----------|---|--------------------|---------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FEE REQUIRED * FIRST NOTICE * | | 1. Mailing Address - Please Correct, If Not Correct | | | H. ROBERT STRADELY, JR. 125 NORTH MAIN | | |
| | | STRADLEY INSURANCE, INC. PO BOX S | | | | | |
| | | H. ROBERT STRADLEY 125 NORTH MAIN PO BOX S KIMBERLY ID 83341 | | | KIMBERLY | I | D 83341 |
| | | | | | 3. Organized Under the Laws of: | | |
| | | | | | ID C 83387 | | |
| | | | of President, Secre | | | | 99901 |
| Limited Liability Companies: Enter Names and Addresses of Managers or Members (check one) | | | | | | | |
| Office held | <u>Name</u> | | Street or P.O. Add | ress | City | State | <u>Zip</u> |
| PRESIDENT | ROBB STRA | DLEY | P.O. BOX S | K | MBERLY | ID | 8 3341 |
| SECRETARY/ TREASURER | HELEN M. | STRADLEY | P.O. BOX S | к | MBERLY | ID | 83341 |
| 5. Signature of N | ew Registered | Agent 6. | F | MA D | 7 | 1 | |
| | | Sig | nature | Harre | Date | - + | 199 |
| | | Na | me (Typed or ROBB | STRADLEY | Title PR | ESIDEN | <u>r</u> |
| ISSUED | : 07-03-1 | 999 | | | 7 | 880 | |
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