

No. <b>C 183966</b>		<b>Due no later than Jul 31, 2017</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  AFS INSURANCE SERVICES, INC. LEZLIE SANDERS 1850 W 2100 S SALT LAKE CITY UT 84119		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
						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	DONALD B NOYES	1850 W 2100 S	SALT LAKE CITY	UT	USA	84119	
SECRETARY	LEZLIE K SANDERS	1850 W 2100 S	SALT LAKE CITY	UT	USA	84119	
DIRECTOR	STEVE MINER	1850 W. 2100 S.	SALT LAKE CITY	UT	USA	84119	
DIRECTOR	JIM BENEDICT	1850 W. 2100 S.	SALT LAKE CITY	UT	USA	84119	
DIRECTOR	BRENT FOULGER	1850 W 2100 S	SALT LAKE CITY	UT	USA	84119	
DIRECTOR	CAROL JEFFRIES	1850 W 2100 S	SALT LAKE CITY	UT	USA	84119	
DIRECTOR	MIKE HOLM	1850 W 2100 S	SALT LAKE CITY	UT	USA	84119	
VICE PRESIDENT	TIMOTHY CONNER	1850 W 2100 S	SALT LAKE CITY	UT	USA	84119	
5. Organized Under the Laws of:  <b>UT</b> <b>C 183966</b>		6. Annual Report must be signed.*  Signature: Lezlie Sanders Name (type or print): Lezlie Sanders					
		Date: 05/23/2017 Title: Secretary					
Processed 05/23/2017      * Electronically provided signatures are accepted as original signatures.							