No. **C 184372**	**Due no later than Sep 30, 2015** **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.** JOSKI INSURANCE, INC. JILL M. JOSKI 10260 W. BROADFORD COURT STAR ID 83669 USA	JILL M JOSKI 10260 W. BROADFORD COURT STAR ID 83669 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	JILL M JOSKI	10260 W. BROADFORD COURT	STAR	ID	USA	83669

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 184372**	Signature: Jill M. Joski	Date: 09/22/2015
	Name (type or print): Jill M. Joski	Title: President

Processed 09/22/2015

* Electronically provided signatures are accepted as original signatures.