

No. C 190330		Due no later than Mar 31, 2016 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. RICHMAN INSURANCE, INC. DONALD W RICHMAN PO BOX 669 HARLEM MT 59526-0669		JIM PERCY 144 W BRIDGE BLACKFOOT ID 83221			
						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 W RICHMAN	PO BOX 669	HARLEM	MT	USA	59526	
SECRETARY	HEATH A RICHMAN	PO BOX 669	HARLEM	MT	USA	59526	
5. Organized Under the Laws of: MT C 190330		6. Annual Report must be signed.* Signature: Donald W. Richman Name (type or print): Donald W. Richman					
		Date: 02/08/2016 Title: President					
Processed 02/08/2016		* Electronically provided signatures are accepted as original signatures.					