

No. <b>C 186460</b>		<b>Due no later than Mar 31, 2011</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>Annual Report Form</b>		PARACORP INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705 USA		
		<b>1. Mailing Address: Correct in this box if needed.</b> COMBINED PROFESSIONAL AGENTS INSURANCE SERVICES, INC. 21650 OXNARD ST STE 1825 WOODLAND HILLS CA 91367		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
DIRECTOR	ERIC O LEAVITT	216 S 200 W	CEDAR CITY	UT	USA	84720
DIRECTOR	GREG GATES	216 S 200 W	CEDAR CITY	UT	USA	84720
DIRECTOR	JOE CALLISTER	216 S 200 W	CEDAR CITY	UT	USA	84720
DIRECTOR	BARBARA LEWIS	465 S 400 E SUITE 300	SALT LAKE CITY	UT	USA	84111
DIRECTOR	DAVID O GRANOWITZ	21650 OXNARD STREET SUITE 1825	WOODLAND HILLS	CA	USA	91367
DIRECTOR	DANNY H LERNER	21650 OXNARD STREET SUITE 1825	WOODLAND HILLS	CA	USA	91367
DIRECTOR	CYNTHIA D LEVY	21650 OXNARD STREET SUITE 1825	WOODLAND HILLS	CA	USA	91367
PRESIDENT	ERIC O LEAVITT	216 S 200 W	CEDAR CITY	UT	USA	84720
SECRETARY	MARK G KENNEY	216 S 200 W	CEDAR CITY	UT	USA	84720
5. Organized Under the Laws of:  <b>CA C 186460</b>		6. Annual Report must be signed.* Signature: Twila Brinkerhoff Name (type or print): Twila Brinkerhoff		Date: 03/28/2011 Title: Administrative Assistant		
Processed 03/28/2011		* Electronically provided signatures are accepted as original signatures.				