

No. C 204141		Due no later than Nov 30, 2017 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. LEAVITT CENTRAL COAST INSURANCE SERVICES, INC. KATIE BEARNSON PO BOX 130 CEDAR CITY UT 84721-0130 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
						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	WARD MCKALSON	950 EAST BLANCO ROAD SUITE 103	SALINAS	CA	USA	93901	
DIRECTOR	MELISSA LANGLEY	950 EAST BLANCO ROAD SUITE 103	SALINAS	CA	USA	93901	
DIRECTOR	VANCE K SMITH	216 S 200 W	CEDAR CITY	UT	USA	84720	
PRESIDENT	JAKE JENSEN	216 S 200 W	CEDAR CITY	UT	USA	84720	
VICE PRESIDENT	WARD MCKALSON	950 EAST BLANCO ROAD SUITE 103	SALINAS	CA	USA	93901	
VICE PRESIDENT	MELISSA LANGLEY	950 EAST BLANCO ROAD SUITE 103	SALINAS	CA	USA	93901	
SECRETARY	MARK G KENNEY	216 S 200 W	CEDAR CITY	UT	USA	84720	
TREASURER	MATT DOWELL	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	ERIC O LEAVITT	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	JAKE JENSEN	216 S 200 W	CEDAR CITY	UT	USA	84720	
5. Organized Under the Laws of: CA C 204141		6. Annual Report must be signed.* Signature: Katie Bearnson Name (type or print): Katie Bearnson Date: 09/20/2017 Title: Compliance Specialist					
Processed 09/20/2017		* Electronically provided signatures are accepted as original signatures.					