

No. C 215479		Due no later than Oct 31, 2018 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. HOLMES INSURANCE AGENY INC SHAYNE HOLMES 1211 MAIN ST STE 1 SALMON ID 83467 USA		SHAYNE HOLMES 1609 SHOUP ST SALMON ID 83467			
						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	
SECRETARY	ROBYN S HOLMES	1211 MAIN ST STE 1	SALMON	ID	USA	83467	
PRESIDENT	SHAYNE A HOLMES	1211 MAIN ST STE 1	SALMON	ID	USA	83467	
5. Organized Under the Laws of: ID C 215479		6. Annual Report must be signed.* Signature: Shayne Holmes Name (type or print): Shayne Holmes					
		Date: 08/21/2018 Title: President					
Processed 08/21/2018		* Electronically provided signatures are accepted as original signatures.					