No. <b>C 22060</b>			2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form		KYRA GIBSON 55 SW 5TH AVE STE 100 MERIDIAN ID 83642			
SECRETARY OF STATE 700 WEST JEFFERSON	1. Mailing Address: Correct in this box if needed.					
PO BOX 83720 BOISE, ID 83720-0080	INDEPENDENT INSURANCE AGENTS AND BROKERS OF IDAHO, INC.  KYRA GIBSON					
	55 SW 5TH AVE. STE. 100 3. New Registered Agent Signature:*					
NO FILING FEE IF RECEIVED BY DUE DATE	MERIDIAN ID 83642-8364 USA					
4. Corporations: Enter Names and Bu	siness Addresses of President, Secretary, and Directors. Treas	urer (optional).				
Office Held Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR BOB RICK	ETTS 13177 W PERSIMMON LN	BOISE	ID	USA	83713	
PRESIDENT JEFF MOI	RRIS 13177 W PERSIMMON LN	BOISE	ID	USA	83713	
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Kyra Gibson Date: 02/21/2017					
C 22060	Name (type or print): Kyra Gibson	Title:	Title: Executive Director			
Processed 02/21/2017	* Electronically provided signatures are accepted as original signatures.					