No. <b>C 175154</b>		Due no later than Sep 30, 2016 2. Registered Agent and Address (NO PO				PO BOX)
Return to:		Annual Report Form	DAVE NEELY 105 PINE ST STE 110 SANDPOINT ID 83864  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  DAVE NEELY INSURANCE AGENCY, INC  DAVE NEELY  105 PINE ST STE 110  SANDPOINT ID 83864				
NO FILING FEE IF RECEIVED BY DUE DATE						
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 DAVE NEELY		105 PINE ST STE 110	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: E David Neely	Date: 09/01/2016			
C 175154		Name (type or print): E David Neely	Title: President			
Processed 09/01/2016	* Electronically provided signatures are accepted as original signatures.					