

No. C 115619		Due no later than Jul 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. GARY F. JOHNSON INSURANCE AGENCY, INC. GARY F JOHNSON 1301 E 16TH BURLEY ID 83318		GARY F JOHNSON 1301 E 16TH BURLEY ID 83318			
				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	GARY F JOHNSON	204 S 50 E	BURLEY	ID	USA	83318	
DIRECTOR	KAREN JOHNSON	204 S 50 E	BURLEY	ID	USA	83318	
5. Organized Under the Laws of: ID C 115619		6. Annual Report must be signed.* Signature: Gary F Johnson Name (type or print): Gary F Johnson Date: 05/22/2014 Title: Director					
Processed 05/22/2014		* Electronically provided signatures are accepted as original signatures.					