

No. C 101810		Due no later than Apr 30, 2015		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. NORTH IDAHO TITLE INSURANCE, INC. PATRICIA A LAFFIN 185 FULWEILER AVE. AUBURN CA 95603 USA		RICK BROWN 601 E FRONT AVE STE 204 COEUR D'ALENE 83814		
				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	PATRICIA A. LAFFIN	185 FULWEILER AVE.	AUBURN	CA	USA	95603
TREASURER	DAVID M. PHILIPP	189 FULWEILER AVE	AUBURN	CA	USA	95603
DIRECTOR	MARSHA A. EMMETT	1508 EUREKA ROAD SUITE 100	ROSEVILLE	CA	USA	95661
PRESIDENT	RICK R. BROWN	601 E. FRONT AVE., STE. 204	COEUR D'ALENE	ID	USA	83814
5. Organized Under the Laws of: ID C 101810		6. Annual Report must be signed.* Signature: Ginger Crawford Name (type or print): Ginger Crawford Date: 02/17/2015 Title: Legal Assistant				
Processed 02/17/2015		* Electronically provided signatures are accepted as original signatures.				