

No. C 164277

Due no later than January 31, 2009
Annual Report Form2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE
450 NORTH FOURTH STREET
PO BOX 83720
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

NEIL D. CHRISTENSEN INSURANCE AND F

~~700 FALLS AVE~~ 451 Eastland Dr. Ste 1
TWIN FALLS, ID 83301

NEIL D CHRISTENSEN

~~700 FALLS AVE~~ 451 Eastland Dr.
TWIN FALLS, ID 83301 Ste 1.**NO FILING FEE IF
RECEIVED BY DUE DATE**3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

President Neil Christensen 451 Eastland Dr. Ste. 1

Twin Falls, ID 83301

5. Organized Under the Laws of:

IDAHO
C 164277

6.

Signature

Date

1/27/2009

Name

(Typed or
Printed)

Neil Christensen

Title

President