No. C 178118		Due no later than Apr 30, 2010			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			TRACY L WARFIELD 208 E GROVE PARMA ID 83660 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. GRAYFIELD INSURANCE AGENCY, INC. TRACY L WARFIELD PO BOX 900 PARMA ID 83660						
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		USA ess Addresses of President, Secretary, and Directors. Treasurer		acurar (d	ontional)			
Office Held	Name	iess Addi esses (Street or PO Address	isurer (c	City	State	Country	Postal Code
SECRETARY	LEONARD K	HAYDEN	716 S 9TH ST		CALDWELL	ID	USA	83605
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 178118		Signature: Tracy L Warfield			Date: 03/04/2010			
		Name (type or print): Tracy L Warfield			Title: President			
Processed 03/04/2010	<u> </u>	* Electronically	provided signatures are accepted as origin	nal signa	tures.			