

No. C 141192		Due no later than Oct 31, 2010 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. OLDENBURG INSURANCE, INC. TRACY OLDENBURG 2110 N RAMPART BLVD LAS VEGAS NV 89128		TRACY OLDENBURG 99 GRANDEAN WAY EAGLE ID 83616			
						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	
PRESIDENT	TRACY T OLDENBURG	9157 WHITEKIRK PLACE	LAS VEGAS	NV	USA	89145	
SECRETARY	JENNIFER OLDENBURG	9157 WHITEKIRK PLACE	LAS VEGAS	NV	USA	89145	
5. Organized Under the Laws of: ID C 141192		6. Annual Report must be signed.* Signature: Tracy Oldenburg Name (type or print): Tracy Oldenburg					
Processed 09/25/2010		* Electronically provided signatures are accepted as original signatures. Date: 09/25/2010 Title: President					