

No. C 78207		Due no later than Mar 31, 2012		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. ARCHIBALD INSURANCE CENTER, INC. GARY ARCHIBALD 135 WEST MAIN REXBURG ID 83440		D GARY ARCHIBALD 135 W MAIN REXBURG ID 83440		
				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	VANCE K SMITH	216 SOUTH 200 WEST	CEDAR CITY	UT	USA	84720
DIRECTOR	VANCE K SMITH	216 SOUTH 200 W	CEDAR CITY	UT	USA	84720
DIRECTOR	ERIC O LEAVITT	216 SOUTH 200 WEST	CEDAR CITY	UT	USA	84720
DIRECTOR	JASON C NIELSON	135 WEST MAIN	REXBURG	ID	USA	83440
DIRECTOR	GARY ARCHIBALD	135 WEST MAIN	REXBURG	ID	USA	83440
DIRECTOR	DANE O LEAVITT	216 SOUTH 200 WEST	CEDAR CITY	UT	USA	84720
TREASURER	MICHAEL S LEAVITT	216 SOUTH 200 WEST	CEDAR CITY	UT	USA	84720
SECRETARY	MARK G KENNEY	44 W HARDING AVE	CEDAR CITY	UT	USA	84720
5. Organized Under the Laws of: ID C 78207		6. Annual Report must be signed.* Signature: Twila Brinkerhoff Name (type or print): Twila Brinkerhoff Date: 02/16/2012 Title: Administrative Assistant				
Processed 02/16/2012		* Electronically provided signatures are accepted as original signatures.				