

No. C 161423		Due no later than Jul 31, 2009		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		NATE LOWRY 3415 N COLE RD BOISE ID 83704			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		NATE LOWRY INSURANCE AGENCY, INC. NATE D LOWRY 5246 W. FAIRVIEW AVE BOISE ID 83706 USA					
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	NATE D LOWRY	5246 W. FAIRVIEW AVE	BOISE	ID	USA	83706	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 161423		Signature: Nate Lowry			Date: 06/09/2009		
		Name (type or print): Nate Lowry			Title: President		
Processed 06/09/2009		* Electronically provided signatures are accepted as original signatures.					