

No. C 69192	Due no later than Mar 31, 2011 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. DAVID LEONARDSON INSURANCE AGENCY, INC. DAVID P LEONARDSON 1109 SUMMERS DR REXBURG ID 83440	DAVID P LEONARDSON 1109 SUMMERS DR 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
SECRETARY	TARRI LEONARDSON	1109 SUMMERS DR	REXBURG ID USA 83440
PRESIDENT	DAVID P LEONARDSON	1109 SUMMERS DR	REXBURG ID USA 83440
5. Organized Under the Laws of: ID C 69192	6. Annual Report must be signed.* Signature: Kristan Black Date: 02/08/2011 Name (type or print): Kristan Black Title: Office Manager		
Processed 02/08/2011		* Electronically provided signatures are accepted as original signatures.	