

No. C 96970	Due no later than Dec 31, 2015 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.		DEBRA L CHRISTOPHERSEN 905 MAIN STREET BUHL ID 83316			
	DAISS INSURANCE AGENCY, INC. DEBRA L EVANS PO BOX 703 BUHL ID 83316		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	DEBRA L EVANS	905 MAIN ST	BUHL	ID	USA	83316
SECRETARY	DEBRA L EVANS	905 MAIN ST	BUHL	ID	USA	83316
5. Organized Under the Laws of: ID C 96970		6. Annual Report must be signed.* Signature: Debra Evans Name (type or print): Debra Evans Date: 10/14/2015 Title: President				
Processed 10/14/2015		* Electronically provided signatures are accepted as original signatures.				