No. C 183966		Due no later than Jul 31, 2016		2. Registered A	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. AFS INSURANCE SERVICES, INC. LEZLIE SANDERS 1850 W 2100 S		BOISE ID				
		SALT LAKE CITY UT 84119		3. <u>New</u> Registe	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of Pre	esident, Secretary, and Directors. Trea	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DONALD B NOYES		1850 W 2100 S	SALT LAKE C	TY UT	USA	84119	
SECRETARY	LEZLIE K SANDERS		1850 W 2100 S	SALT LAKE C	TY UT	USA	84119	
DIRECTOR	STEVE MINER		1850 W. 2100 S.	SALT LAKE C	TY UT	USA	84119	
DIRECTOR	JIM BENEDICT		1850 W. 2100 S.	SALT LAKE C	TY UT	USA	84119	
DIRECTOR	BRENT FOULGER		1850 W 2100 S	SALT LAKE C	TY UT	USA	84119	
DIRECTOR	CAROL JEFFRIES		1850 W 2100 S	SALT LAKE C	TY UT	USA	84119	
DIRECTOR	MIKE HOLM		1850 W 2100 S	SALT LAKE C	TY UT	USA	84119	
VICE PRESIDENT	TIMOTHY CO	ONNER	1850 W 2100 S	SALT LAKE C	TY UT	USA	84119	
5. Organized Under the Laws of:		6. Annual Report m						
υτ		Signature: Lezlie Sanders			Date: 07/12/2016			
C 183966		Name (type or print): Lezlie Sanders			Title: Secretary			
Processed 07/12/2016		* Electronically provided signatures are accepted as original signatures.						