No. C 195631	Due no later than Aug 31, 2018 2. Registered Agent and Address (NO PO B				PO BOX)
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE BASIN INSURANCE SERVICES, INC. CRAIG LYLE 360 W STATE ST EAGLE ID 83616	CRAIG LYLE 360 W STATE ST EAGLE ID 83616 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busi	USA ness Addresses of President, Secretary, and Directors. Treasurer	(ontional)			
Office Held Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT CRAIG LYLI	7023 PURPLE SAGE RD	MIDDLETON	ID	USA	83644
5. Organized Under the Laws of: ID C 195631	6. Annual Report must be signed.* Signature: Craig Lyle Name (type or print): Craig Lyle	Date: 06/19/2018 Title: President			
Processed 06/19/2018	* Electronically provided signatures are accepted as original signatures.				