No. **C 150357**	**Due no later than Aug 31, 2010** **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.** JULIE P. KEENEY INSURANCE AGENCY, INC. JULIE P KEENEY 1511 3RD STREET SOUTH NAMPA ID 83651	JULIE P KEENEY 1511 3RD STREET SOUTH NAMPA ID 83651 3. New 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	JULIE P KEENEY	1511 3RD STREET SOUTH	NAMPA	ID	USA	83651

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 150357**	Signature: Julie Keeney Name (type or print): Julie Keeney	Date: 06/11/2010 Title: President

Processed 06/11/2010

* Electronically provided signatures are accepted as original signatures.