No. **C 178118**	**Due no later than Apr 30, 2012**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** GRAYFIELD INSURANCE AGENCY, INC. TRACY L WARFIELD PO BOX 900 PARMA ID 83660 USA	TRACY L WARFIELD 208 E GROVE PARMA ID 83660 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	TRACY L WARFIELD	3103 RAY AVENUE	CALDWELL	ID	USA	83605

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 178118**	Signature: Tracy L. Warfield	Date: 05/30/2012
	Name (type or print): Tracy L. Warfield	Title: President

Processed 05/30/2012

* Electronically provided signatures are accepted as original signatures.