

No. <b>C 171736</b>	<b>Due no later than Feb 29, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> TROY SHARP INSURANCE AGENCY, INC. TROY SHARP 93 N MIDLAND BLVD NAMPA ID 83651 USA		TROY SHARP 93 N MIDLAND BLVD NAMPA ID 83651			
			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	TROY SHARP	93 N MIDLAND BLVD	NAMPA	ID	USA	83651
SECRETARY	KAYLYNNE SHARP	93 N MIDLAND BLVD	NAMPA	ID	USA	83651
5. Organized Under the Laws of:  <b>ID</b> <b>C 171736</b>	6. Annual Report must be signed.* Signature: Troy Sharp Name (type or print): Troy Sharp		Date: 12/23/2015 Title: President			
Processed 12/23/2015		* Electronically provided signatures are accepted as original signatures.				