

No. C 164277		Due no later than Jan 31, 2012 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. NEIL D. CHRISTENSEN INSURANCE AND FINANCIAL SERVICES, INC. NEIL D CHRISTENSEN 451 EASTLAND DR STE 1 TWIN FALLS ID 83301 USA		NEIL D CHRISTENSEN 451 EASTLAND DR STE 1 TWIN FALLS ID 83301			
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	NEIL D CHRISTENSEN	451 EASTLAND DR STE 1	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 164277		6. Annual Report must be signed.* Signature: Neil Christensen Name (type or print): Neil Christensen					
		Date: 11/04/2011 Title: President					
Processed 11/04/2011 * Electronically provided signatures are accepted as original signatures.							