

No. <b>C 78207</b>		Due no later than Mar 31, 2009		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>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> ARCHIBALD INSURANCE CENTER, INC. JASON NIELSON 135 WEST MAIN, BOX 96 REXBURG ID 83440		JASON NIELSON 135 W. MAIN, BOX 96 REXBURG ID 83440		
				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
DIRECTOR	DANE O LEAVITT	216 SOUTH 200 WEST SUITE 301	CEDAR CITY	UT	USA	84721
DIRECTOR	JASON C NIELSON	135 WEST MAIN	REXBURG	ID	USA	83440
DIRECTOR	PORTER TALBOT	135 WEST MAIN	REXBURG	ID	USA	83440
DIRECTOR	D GARY ARCHIBALD	135 WEST MAIN	REXBURG	ID	USA	83440
DIRECTOR	ERIC O LEAVITT	216 SOUTH 200 WEST SUITE 301	CEDAR CITY	UT	USA	84721
TREASURER	ED LEE	4717 CROYLE CT	RAPID CITY	SD	USA	57702
SECRETARY	MARK KENNEY	216 SOUTH 200 WEST SUITE 301	CEDAR CITY	UT	USA	84721
PRESIDENT	CHRIS UTTERBACK	216 SOUTH 200 WEST SUITE 301	CEDAR CITY	UT	USA	84721
5. Organized Under the Laws of:  <b>ID C 78207</b>		6. Annual Report must be signed.* Signature: Jason Nielson Name (type or print): Jason Nielson Date: 01/27/2009 Title: Director				
Processed 01/27/2009		* Electronically provided signatures are accepted as original signatures.				