No. **C 30499**	**Due no later than Jan 31, 2015** **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.** MARTIN INSURANCE, INCORPORATED MICHAEL L MARTIN P. O. BOX 699 LEWISTON ID 83501 USA	MICHAEL L MARTIN 1122 IDAHO STREET LEWISTON 83501 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
SECRETARY	ANN M GRIMM	1122 IDAHO STREET	LEWISTON	ID	USA	83501
PRESIDENT	MICHAEL L MARTIN	1122 IDAHO STREET	LEWISTON	ID	USA	83501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 30499**	Signature: Michael L Martin	Date: 11/18/2014
	Name (type or print): Michael L Martin	Title: President

Processed 11/18/2014

* Electronically provided signatures are accepted as original signatures.