No. C 106198		Due no later than May 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. CHARLES A. STEVENS, INSURANCE AGENCY INC. CHARLES A STEVENS 711 RIMVIEW DR TWIN FALLS ID 83301		2. Registered Ag	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				130 BROADW. BUHL ID 833	CHARLES A STEVENS 130 BROADWAY NORTH BUHL ID 83316 3. New Registered Agent Signature:*			
The second secon		ess Addresses of	President, Secretary, and Directors. Treasu		_	_		
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	PHILIP B ST		18948 RDBIRD RD	LEWISTON	ID	USA	83501-7020	
SECRETARY			142 LOS LEGOS	TWIN FALLS	ID	USA	83301-7020	
PRESIDENT	CHARLES A		711 RIMVIEW DR.	TWIN FALLS	ID	USA	83301-7020	
DIRECTOR	ANDREW C		409 11 TH AVE N	BUHL	ID	USA	83316	
VICE PRESIDENT	DIANE L ST	EVENS	711 RIMVIEW	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Repor	t must be signed.*					
ID		Signature: Cl		Date: 03/22/2018				
C 106198		Name (type or print): CHARLES STEVENS Title: PRES			PRESIDENT			
Processed 03/22/2018		* Electronically provided signatures are accepted as original signatures.						