No. **C 123928**	**Due no later than May 31, 2016** **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.** BAILEY INSURANCE AGENCY, INC. ROBERT M BAILEY 529 AMERICANA BLVD BOISE ID 83702	ROBERT M BAILEY 529 AMERICANA BLVD BOISE ID 83702 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
PRESIDENT	ROBERT M BAILEY	529 AMERICANA BLVD	BOISE	ID	USA	83702
SECRETARY	MITZI BAILEY	529 AMERICANA BLVD	BOISE	ID	USA	83702

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 123928**	Signature: Robert M Bailey	Date: 03/22/2016
	Name (type or print): Robert M Bailey	Title: President

Processed 03/22/2016

* Electronically provided signatures are accepted as original signatures.