| No. C 195631 | Due no later than Aug 31, 2017 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|--|---|-------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | Annual Report Form 1. Mailing Address: Correct in this box if needed. BOISE BASIN INSURANCE SERVICES, INC. CRAIG LYLE 360 W STATE ST EAGLE ID 83616 | CRAIG LYLE 360 W STATE ST EAGLE ID 83616 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Bus | iness Addresses of President, Secretary, and Directors. Treasurer | (ontional) | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code |
| PRESIDENT CRAIG LYL | E 7023 PURPLE SAGE RD | MIDDLETON | ID | USA | 83644 |
| 5. Organized Under the Laws of: ID C 195631 | 6. Annual Report must be signed.* Signature: Craig Lyle Name (type or print): Craig Lyle | Date: 07/18/2017 Title: President | | | |
| Processed 07/18/2017 | * Electronically provided signatures are accepted as original signatures. | | | | |