

No. C 184372		Due no later than Sep 30, 2017		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. JOSKI INSURANCE, INC. CALVIN J. JOSKI 65 N PLUMMER RD STAR ID 83669 USA		JILL M JOSKI 65 N PLUMMER RD STAR ID 83669					
				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			
SECRETARY	CALVIN JOSKI	65 N PLUMMER RD	STAR	ID	USA	83669			
PRESIDENT	CALVIN JOSKI	65 N PLUMMER RD	STAR	ID	USA	83669			
5. Organized Under the Laws of: ID C 184372		6. Annual Report must be signed.* Signature: Calvin Joski Name (type or print): Calvin Joski							
		Date: 08/31/2017 Title: President							
Processed 08/31/2017		* Electronically provided signatures are accepted as original signatures.							