

No. C 211926	Due no later than Dec 31, 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. HAMBLEN INSURANCE AGENCY, INC. ROBERT ANDREW HAMBLER 356 2ND AVE N TWIN FALLS ID 83301 USA		ROBERT ANDREW HAMBLER 1919 CANDLERIDGE DR TWIN FALLS ID 83301			
			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	MOLLY DEE HAMBLER	1919 CANDLERIDGE DR	TWIN FALLS	ID	USA	83301
PRESIDENT	ROBERT ANDREW HAMBLER	1919 CANDLERIDGE DR	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of: ID C 211926	6. Annual Report must be signed.* Signature: R ANDREW HAMBLER Name (type or print): R ANDREW HAMBLER		Date: 10/31/2017 Title: PRESIDENT			
Processed 10/31/2017		* Electronically provided signatures are accepted as original signatures.				