No. C 212107	Due no later than Dec 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. BONSON INSURANCE, INC. ADAM BONSON PO BOX 160 CASCADE ID 83611	ADAM BONSON 1589 BEAR TRAIL LOOP CASCADE ID 83611 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE					
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 ADAM S B	ONSON PO BOX 160	CASCADE	ID	USA	83611
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
l ID	Signature: Adam Bonson	Date: 01/02/2018			
C 212107	Name (type or print): Adam Bonson	Title: President			
Processed 01/02/2018	* Electronically provided signatures are accepted as original signatures.				