No. C 178118	Due no later than Apr 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form 1. Mailing Address: Correct in this box if needed. WARFIELD INSURANCE AGENCY, INC TRACY L WARFIELD 524 CLEVELAND BLVD STE 150 CALDWELL ID 83605		TRACY L WARFIELD			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080			524 CLEVELAND BLVD STE 150 CALDWELL ID 83605 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA 83605					
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 TRACY L	VARFIELD 3103 RAY AV	ENUE	CALDWELL	ID	USA	83605
5. Organized Under the Laws of:	6. Annual Report must be signed.*					
ID	Signature: Tracy L. Warfield		Date: 03/16/2017			
C 178118	Name (type or print): Tracy L. Warfield		Title: President			
Processed 03/16/2017	* Electronically provided signatures are accepted as original signatures.					