

No. C 131214		Due no later than Nov 30, 2014 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. CROP USA INSURANCE AGENCY, INC. JOLEE K DUCLOS PO BOX 538 LEWISTON ID 83501		R JOHN TAYLOR 111 MAIN ST LEWISTON ID 83501			
						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	
DIRECTOR	R. JOHN TAYLOR	PO BOX 538	LEWISTON	ID	USA	83501	
SECRETARY	JOLEE K DUCLOS	PO BOX 538	LEWISTON	ID	USA	83501	
PRESIDENT	R. JOHN TAYLOR	PO BOX 538	LEWISTON	ID	USA	83501	
5. Organized Under the Laws of: ID C 131214		6. Annual Report must be signed.* Signature: JoLee K. Duclos Name (type or print): JoLee K. Duclos					
		Date: 09/19/2014 Title: Secretary					
Processed 09/19/2014 * Electronically provided signatures are accepted as original signatures.							