

No. C 186560		Due no later than Mar 31, 2016 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. KELSEY C HOLDER INSURANCE AGENCY INC KELSEY C HOLDER PO BOX 629 KUNA ID 83634		KELSEY C HOLDER 290 W MAIN ST KUNA ID 83634			
						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	KATY HOLDER	290 W. MAIN ST	KUNA	ID	USA	83634	
5. Organized Under the Laws of: ID C 186560		6. Annual Report must be signed.* Signature: Kelsey Holder Name (type or print): Kelsey Holder					
		Date: 02/05/2016 Title: President					
Processed 02/05/2016 * Electronically provided signatures are accepted as original signatures.							