

No. C 118139		Due no later than Feb 28, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CHALLIS INSURANCE AGENCY, INCORPORATED KATHLEEN J PLUMMER PO BOX 525 200 LARIAT LANE CHALLIS ID 83226 USA		KATHLEEN J PLUMMER 200 LARIAT LANE CHALLIS ID 83226			
				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	
PRESIDENT	BRETT ALLEN PLUMMER	PO BOX B	CHALLIS	ID	USA	83226	
SECRETARY	KATHLEEN JO PLUMMER	PO BOX 525	CHALLIS	ID	USA	83226	
5. Organized Under the Laws of: ID C 118139		6. Annual Report must be signed.* Signature: KATHLEEN J PLUMMER Name (type or print): KATHLEEN J PLUMMER Date: 02/12/2018 Title: SECRETARY					
Processed 02/12/2018		* Electronically provided signatures are accepted as original signatures.					