No. <b>C 94333</b>	Due no later than Jan 31, 20	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 book IDAHO CHAPTER, PUBLIC RISK MANAGEMENT INC. BETH HAGEN PO BOX 15298 BOISE ID 83715	3100 VISTA STE 300 BOISE ID 83705
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and B	isiness Addresses of President, Secretary, and Dire	rectors. Treasurer (optional).
Office Held Name	Street or PO Addres	
PRESIDENT IDA CLA SECRETARY MARY KI		BOISE ID USA 83715 BOISE ID USA 83715
5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID	Signature: Beth Hagen	Date: 12/13/2017
C 94333	Name (type or print): Beth Hagen	Title: PRIMA Assistant
Processed 12/13/2017 * Electronically provided signatures are accepted as original signatures.		