

No. <b>C 155019</b>		<b>Due no later than Jun 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  GARY L. WEAVER INSURANCE AGENCY, INC. GARY L WEAVER 112 W LOGAN ST CALDWELL ID 83605 USA		GARY L WEAVER 112 W LOGAN ST CALDWELL ID 83605			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	GARY L WEAVER	112 W LOGAN ST	CALDWELL	ID	USA	83605	
5. Organized Under the Laws of:  <b>ID</b> <b>C 155019</b>		6. Annual Report must be signed.*  Signature: Gary L Weaver Name (type or print): Gary L Weaver					
		Date: 04/24/2012 Title: President					
Processed 04/24/2012      * Electronically provided signatures are accepted as original signatures.							