No. <b>C 164277</b>	Due no later than Jan 31, 2015 Annual Report Form  1. Mailing Address: Correct in this box if needed.  NEIL D. CHRISTENSEN INSURANCE AND FINANCIAL SERVICES, INC.  NEIL D CHRISTENSEN 2927 9TH AVE E TWIN FALLS ID 83301 USA		2. Registered A	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			2927 9TH AV TWIN FALLS	NEIL D CHRISTENSEN 2927 9TH AVE E TWIN FALLS 83301  3. New Registered Agent Signature:*			
4. Corporations: Enter Names and Busi	ness Addresses of I	President, Secretary, and Directors. Treas	surer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT NEIL D CHRISTENSEN		2927 9TH AVE E	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:  6. Annual Report must be signed.*							
ID ID	Signature: NEIL CHRISTENSEN			Date: 02/23/2015			
C 164277	Name (type or		Title: PRESIDENT				
Processed 02/23/2015	* Electronically provided signatures are accepted as original signatures.						