

No. C 145660		Due no later than Sep 30, 2015 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. SUNDSTROM INSURANCE SERVICES, INC. PAMELA C. SUNDSTROM PO BOX 889 6 MAIN STREET PINEHURST ID 83850-0889 USA		LEIF SUNDSTROM 703 BUD ST PINEHURST ID 83850-0889			
						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	LEIF E SUNDSTROM	703 BUD ST BOX 889	PINEHURST	ID	USA	83850-0889	
SECRETARY	PAMELA C SUNDSTROM	703 BUD ST BOX 889	PINEHURST	ID	USA	83850-0889	
5. Organized Under the Laws of: ID C 145660		6. Annual Report must be signed.* Signature: Leif Sundstrom Name (type or print): Leif Sundstrom					
		Date: 07/20/2015 Title: President					
Processed 07/20/2015		* Electronically provided signatures are accepted as original signatures.					