

No. C 146662	Due no later than Dec 31, 2011 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.		EDWIN L LITTENEKER 322 MAIN ST LEWISTON ID 83501			
	TOM WOODS INSURANCE, INC. THOMAS V WOODS 308 MAIN ST LEWISTON ID 83501 USA		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	THOMAS V WOODS	308 MAIN ST	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID C 146662		6. Annual Report must be signed.* Signature: Tv Woods Name (type or print): Tv Woods Date: 01/09/2012 Title: President				
Processed 01/09/2012		* Electronically provided signatures are accepted as original signatures.				