No. <b>C 161094</b>		Due no later than Jun 30, 2016		2. Registered Age	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 box if needed.  SHOOK-LEAVITT INSURANCE AGENCY, INC. TWILA BRINKERHOFF 216 S 200 W CEDAR CITY UT 84720		12550 W EXPLO	CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713  3. New Registered Agent Signature:*			
RECEIVED BY DUE DATE								
4. Corporations: Enter N	ames and Busin	ess Addresses o	f President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	VANCE K SI	MITH	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	BRENT SLAC	CK	465 S 400 E STE 300	SALT LAKE CITY	UΤ	USA	84111	
DIRECTOR	AMY SHOOK	(	317 W 6TH ST STE 107	MOSCOW	ID	USA	83843	
PRESIDENT	BRENT SLACK		465 S 400 E STE 300	SALT LAKE CITY	UT	USA	84111	
VICE PRESIDENT	AMY SHOOK		317 W 6TH ST STE 107	MOSCOW	ID	USA	83843	
SECRETARY	MARK G KENNEY		216 S 200 W	CEDAR CITY	UT	USA	84720	
TREASURER	KIRK MACNA	AUGHTAN	216 S 200 W	CEDAR CITY	υT	USA	84720	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: TWILA BRINKERHOFF		Date: 04/26/20	Date: 04/26/2016			
C 161094		Name (type	or print): TWILA BRINKERHOFF	Title: ADMINIS	Title: ADMINISTRATIVE ASSISTANT			
Processed 04/26/2016 * Electronically provided signatures are accepted as original signatures.								