

No. C 134623	Due no later than Jun 30, 2018 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. SID NIELD INSURANCE AGENCY, INC. MAX S NIELD 4840 N ROSEPOINT WAY STE B BOISE ID 83713 USA		MAX S NIELD 4840 N ROSEPOINT WAY STE B BOISE ID 83713			
			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
SECRETARY	VICKIE L NIELD	4840 N ROSEPOINT WAY STE.B	BOISE	ID	USA	83713
PRESIDENT	MAX S. NIELD	4840 N ROSEPOINT WAY STE.B	BOISE	ID	USA	83713
5. Organized Under the Laws of: ID C 134623	6. Annual Report must be signed.* Signature: vickie l nield Name (type or print): vickie l nield		Date: 05/10/2018 Title: secretary			
Processed 05/10/2018		* Electronically provided signatures are accepted as original signatures.				