

No. <b>C 54973</b>		Due no later than Jan 31, 2014		2. Registered Agent and Address <b>(NO PO BOX)</b>		
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b> <b>1. Mailing Address: Correct in this box if needed.</b> AIA INSURANCE, INC. JOLEE K. DUCLOS P.O. BOX 538 LEWISTON ID 83501		JOLEE K DUCLOS ONE LEWIS CLARK PLAZA 111 MAIN ST LEWISTON ID 83501		
				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
DIRECTOR	JAMES BECK	PO BOX 538	LEWISTON	ID	USA	83501
DIRECTOR	CONNIE TAYLOR	PO BOX 538	LEWISTON	ID	USA	83501
DIRECTOR	R JOHN TAYLOR	PO BOX 538	LEWISTON	ID	USA	83501
TREASURER	R JOHN TAYLOR	PO BOX 538	LEWISTON	ID	USA	83501
SECRETARY	JOLEE K DUCLOS	PO BOX 538	LEWISTON	ID	USA	83501
PRESIDENT	R JOHN TAYLOR	PO BOX 538	LEWISTON	ID	USA	83501
5. Organized Under the Laws of:  <b>ID C 54973</b>		6. Annual Report must be signed.* Signature: JoLee K. Duclos Name (type or print): JoLee K. Duclos		Date: 02/11/2014 Title: Secretary		
Processed 02/11/2014		* Electronically provided signatures are accepted as original signatures.				