No. <b>C 131214</b>		Due no later than Nov 30, 2013		2. Registered A	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		Annual Report Form  1. Mailing Address: Correct in this box if needed.  CROP USA INSURANCE AGENCY, INC. JOLEE K DUCLOS PO BOX 538 LEWISTON ID 83501		111 MAIN ST LEWISTON I	R JOHN TAYLOR 111 MAIN ST LEWISTON ID 83501  3. New Registered Agent Signature:*			
4. Corporations: Enter N		ess Addresses of	Fresident, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR SECRETARY TREASURER PRESIDENT	R. JOHN TAY JOLEE K DU JOLEE K DU R. JOHN TAY R. JOHN TAY	CLOS CLOS YLOR	PO BOX 538 PO BOX 538 PO BOX 538 PO BOX 538 PO BOX 538	LEWISTON LEWISTON LEWISTON LEWISTON LEWISTON	ID ID ID ID	USA USA USA USA USA	83501 83501 83501 83501 83501	
5. Organized Under the Laws of:		6. Annual Repo	rt must be signed.*	_				
ID		Signature: Jo	DLee K Duclos		Date: 10/14/2013			
C 131214		Name (type or print): JoLee K Duclos Title: Secretary						
Processed 10/14/2013		* Electronically	provided signatures are accepted as origina	al signatures.				