

No. C 134623		Due no later than Jun 30, 2013 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. M. 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: Mas S Nield Name (type or print): Mas S Nield					
		Date: 04/24/2013 Title: President					
Processed 04/24/2013		* Electronically provided signatures are accepted as original signatures.					