

No. C 137362		Due no later than Jan 31, 2017 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. GINA L. WIXOM INSURANCE AGENCY, INC. GINA L WIXOM PO BOX 1099 BLACKFOOT ID 83221		GINA L WIXOM 1495 PARKWAY DR STE D BLACKFOOT ID 83221			
						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	DONI N WIXOM	PO BOX 1099	BLACKFOOT	ID	USA	83221	
PRESIDENT	GINA L WIXOM	PO BOX 1099	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID C 137362		6. Annual Report must be signed.* Signature: Doni N. Wixom Name (type or print): Doni N. Wixom					
Processed 12/14/2016		* Electronically provided signatures are accepted as original signatures. Date: 12/14/2016 Title: Secretary					