

No. C 160240		Due no later than Apr 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. SCOTT LEAVITT INSURANCE & FINANCIAL SERVICES, INC. SCOTT A LEAVITT 12988 W PAINT DR BOISE ID 83713		SCOTT A LEAVITT 12988 W PAINT DR 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	
TREASURER	AMY D LEAVITT	12988 W PAINT DR	BOISE	ID	USA	83713	
SECRETARY	AMY D LEAVITT	12988 W PAINT DR	BOISE	ID	USA	83713	
PRESIDENT	SCOTT A LEAVITT	12988 W PAINT DR	BOISE	ID	USA	83713	
5. Organized Under the Laws of: ID C 160240		6. Annual Report must be signed.* Signature: Scott Leavitt Name (type or print): Scott Leavitt					
		Date: 03/26/2013 Title: President					
Processed 03/26/2013		* Electronically provided signatures are accepted as original signatures.					