

|  |              |   |       |  |         |             |  |
|--|--------------|---|-------|--|---------|-------------|--|
| No. <b>C 197892</b>  |              | <b>Due no later than Mar 31, 2015</b>   |       | 2. Registered Agent and Address <b>(NO PO BOX)</b>   |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>NAMPA INSURANCE INC<br>312 1/2 CALDWELL BLVD<br>NAMPA ID 83651 |       | DAVID NEJELY<br>312 1/2 CALDWELL BLVD<br>NAMPA 83651 |         |             |  |
|  |              |   |       | 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  | DAVID NEJELY | 312 1/2 CALDWELL BLVD   | NAMPA | ID   | USA     | 83651       |  |
| PRESIDENT  | DAVID NEJELY | 312 1/2 CALDWELL BLVD   | NAMPA | ID   | USA     | 83651       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 197892</b>  |              | 6. Annual Report must be signed.*<br>Signature: David Nejely<br>Name (type or print): David Nejely                              |       |  |         |             |  |
|  |              | Date: 03/06/2015<br>Title: President  |       |  |         |             |  |
| Processed 03/06/2015   |              | * Electronically provided signatures are accepted as original signatures.   |       |  |         |             |  |