

No. C 158056		Due no later than Dec 31, 2015 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. JACKMAN INSURANCE AGENCY, INC. BRANDON JACKMAN 678 W BRIDGE ST BLACKFOOT ID 83221		JOHN BRANDON JACKMAN 678 W BRIDGE ST 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	
TREASURER	SUMMER JACKMAN	201 W 225 N	BLACKFOOT	ID	USA	83221	
PRESIDENT	BRANDON JACKMAN	201 W 225 N	BLACKFOOT	ID	USA	83221	
5. Organized Under the Laws of: ID C 158056		6. Annual Report must be signed.* Signature: Brandon Jackman Name (type or print): Brandon Jackman					
Processed 10/13/2015		* Electronically provided signatures are accepted as original signatures. Date: 10/13/2015 Title: President					