No. <b>C 164277</b>	Du	Due no later than Jan 31, 2017			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		NEIL D CHRISTENSEN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	NEIL D. CHRIS SERVICES, INC NEIL D CHRIS	1. Mailing Address: Correct in this box if needed.  NEIL D. CHRISTENSEN INSURANCE AND FINANCIAL SERVICES, INC.  NEIL D CHRISTENSEN 2927 9TH AVE E		2927 9TH AVE E TWIN FALLS ID 83301  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE	TWIN FALLS	TWIN FALLS ID 83301						
4. Corporations: Enter Names and	Business Addresses of	President, Secretary, and Directors. Trea	surer (optional).					
Office Held Name		Street or PO Address	City	State	Country	Postal Code		
PRESIDENT NEIL D CHRISTENSEN 2927 9TH AVE E			TWIN FALLS	ID	USA	83301		
5. Organized Under the Laws of:	6. Annual Report	6. Annual Report must be signed.*						
ID	Signature: Ne	Signature: Neil Christensen		Date: 02/01/2017				
C 164277	Name (type o	Name (type or print): Neil Christensen		Title: President				
Processed 02/01/2017	* Electronically provided signatures are accepted as original signatures.							