

No. C 192827		Due no later than Nov 30, 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		1. Mailing Address: Correct in this box if needed. CLINE INSURANCE INC ANDREW J CLINE 780 N CECIL RD SUITE 104 POST FALLS ID 83854		ANDREW J CLINE 780 N CECIL RD SUITE 104 POST FALLS ID 83854			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
VICE PRESIDENT	MICHELLE N CLINE	2479 W THIERS DR	COEUR D ALENE	ID	USA	83815	
PRESIDENT	ANDREW J CLINE	2479 W THIERS DR	COEUR D ALENE	ID	USA	83815	
5. Organized Under the Laws of: ID C 192827		6. Annual Report must be signed.* Signature: Andrew Cline Name (type or print): Andrew Cline Date: 09/18/2017 Title: President					
Processed 09/18/2017 * Electronically provided signatures are accepted as original signatures.							