No. C 157077		Due no later than Oct 31, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	TIM SKELTON			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. TIM SKELTON INSURANCE AGENCY, INC. TIM SKELTON 2140 RIVERSTONE DRIVE	2140 RIVERSTONE DRIVE SUITE 202 COEUR D'ALENE ID 83814			
NO FILING FEE IF RECEIVED BY DUE DATE		SUITE 202 COEUR D ALENE ID 83814	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Na	mes and Busine	ss Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
SECRETARY PRESIDENT	JONI SKELTO TIM SKELTON		COEUR D ALENE COEUR D ALENE	ID ID	USA USA	83815 83815
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Tim Skelton	Date: 08/29/2016			
C 157077		Name (type or print): Tim Skelton	Title: President			
Processed 08/29/2016	* Electronically provided signatures are accepted as original signatures.					