

No. C 210436		Due no later than Jul 31, 2018 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. LAKE CITY INSURANCE INC. PO BOX 74 HAYDEN ID 83835		ROBERT S SCULLY 1677 E. MILES AVE. HAYDEN LAKE ID 83835-8383			
						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	JENNIFER R SCULLY	2922 W BROADMOORE DR	HAYDEN	ID	USA	83835	
PRESIDENT	ROBERT S SCULLY	2922 W BROADMOORE DR	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of: ID C 210436		6. Annual Report must be signed.* Signature: Jennifer Scully Name (type or print): Jennifer Scully					
		Date: 05/30/2018 Title: Secretary					
Processed 05/30/2018		* Electronically provided signatures are accepted as original signatures.					