

No. C 106198		Due no later than May 31, 2014		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. CHARLES A. STEVENS, INSURANCE AGENCY INC. CHARLES A STEVENS 130 BROADWAY NORTH BUHL ID 83316		CHARLES A STEVENS 130 BROADWAY NORTH BUHL ID 83316			
				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	
DIRECTOR	PHILIP B STEVENS	18948 RDBIRD RD	LEWISTON	ID	USA	83501-7020	
SECRETARY	LEILA S NELSON	142 LOS LEGOS	TWIN FALLS	ID	USA	83301-7020	
PRESIDENT	CHARLES A STEVENS	711 RIMVIEW DR.	TWIN FALLS	ID	USA	83301-7020	
5. Organized Under the Laws of: ID C 106198		6. Annual Report must be signed.* Signature: Charles Stevens Name (type or print): Charles Stevens Date: 03/20/2014 Title: President					
Processed 03/20/2014		* Electronically provided signatures are accepted as original signatures.					