No. C 206634		Due no later than Jul 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed.		2. Registered Agent and Address (NO PO BOX)				
Return to:					IDAHO DEPT OF INSURANCE			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE					DEAN L. CAMERON			
		TRUE BLUE LI BRIAN GREEN 8900 E PINNA SCOTTSDALE	700 W STATE FL 3 BOISE ID 83702 3. New Registered Agent Signature:*					
		USA						
4. Corporations: Ente	er Names and Busi	ness Addresses of	President, Secretary, and Directors. Treasure	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	IDENT BRIAN GREENBERG		8900 E PINNACLE PEAK RD STE E4	SCOTTSDALE	AZ		85255	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
AZ C 206634		Signature: Br	Date: 05/24/2018					
		Name (type o	Title: CEO					
Processed 05/24/201	.8	* Electronically p	provided signatures are accepted as original si	gnatures.				