No. <b>C 186084</b>	Due no later than Feb 29, 2016		2. Reg	2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form			JAMES A FULLINWIDER				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  ALL AMERICAN INSURANCE, INC.  JAMES A FULLINWIDER  929 N MAIN ST			929 N MAIN ST MERIDIAN ID 83642				
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080								
	MERIDIAN ID 83642		3. <u>Nev</u>	3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
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	
PRESIDENT JAMES A FU	ULLINWIDER	929 N MAIN ST	MER]	IDIAN	ID	USA	83642	
5. Organized Under the Laws of:	6. Annual Report must be signed.*							
ID	Signature: Jan Thomas			Date: 02/16/2016				
C 186084	Name (type or pr	int): Jan Thomas		Title:	Bkkp/Office	Mgr.		
Processed 02/16/2016	* Electronically provided signatures are accepted as original signatures.							