

No. C 165354		Due no later than Feb 28, 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. COLLIN SHARP INSURANCE AGENCY INC COLLIN SHARP PO BOX 5064 TWIN FALLS ID 83303		COLLIN SHARP 1976 S LINCOLN JEROME ID 83338			
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	COLLIN SHARP	1976 S LINCOLN	JEROME	ID	USA	83338	
5. Organized Under the Laws of: ID C 165354		6. Annual Report must be signed.* Signature: Collin Sharp Name (type or print): Collin Sharp					
		Date: 12/21/2017 Title: President					
Processed 12/21/2017 * Electronically provided signatures are accepted as original signatures.							