No. C 162337		Due no later than Sep 30, 2012		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form 1. Mailing Address: Correct in this box if needed. HOMETOWN INSURANCE SERVICES INC. KIRBY L KOOP 1525 ADDISON AVE. E, #X-3 TWIN FALLS ID 83301		817 WALNUT TWIN FALLS	KIRBY L KOOP 817 WALNUT ST N TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine		USA ess Addresses of	President, Secretary, and Directors. Treasure	er (optional).	(optional).			
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY	VICTORY M	. KOOP	817 WALNUT ST. NORTH 817 WALI ST. NORTH	NUT TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of:		6. Annual Repor Signature: Kir		Date: 07/2	16/2012			
C 162337		Name (type o		Title: President				
Processed 07/16/201	2	* Electronically p	provided signatures are accepted as original si	gnatures.				