No. <b>C 141896</b>		Due no later than Dec 31, 2011	2	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  BECKER INSURANCE, INC. PO BOX 85  SPIRIT LAKE ID 83869		ROXANNA MICHALSKI 32168 N. 5TH SPIRIT LAKE ID 83869  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE 4 Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Trea	asurer (or	ntional)				
200 98 9	Name	Street or PO Address		City	State	Country	Postal Code	
To the second control of the second control	(AY L BECK DAVID A BE			RATHDRUM RATHDRUM	ID ID	USA USA	83869 83869	
5. Organized Under the Laws of:		6. Annual Report must be signed.* Signature: Roxanna Michalski		Date: 10/26/2011				
C 141896		Name (type or print): Roxanna Michalski	Title: Accountant					
Processed 10/26/2011	* Electronically provided signatures are accepted as original signatures.							