

No. C 207404		Due no later than Oct 31, 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. SARA AUGHENY INSURANCE AGENCY INC SARA AUGHENY 290 MONTE VISTA AVE IDAHO FALLS ID 83401		SARA AUGHENY 290 MONTE VISTA AVE IDAHO FALLS ID 83401			
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	SARA L AUGHENY	290 MONTE VISTA AVE	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID C 207404		6. Annual Report must be signed.* Signature: Sara Aughney Name (type or print): Sara Aughney					
		Date: 08/22/2018 Title: President					
Processed 08/22/2018 * Electronically provided signatures are accepted as original signatures.							