

No. C 109138		Due no later than Jan 31, 2011 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. C.R. FARRER INSURANCE AGENCY, INC. C ROBERT FARRER 1241 WICKLOW CT IDAHO FALLS ID 83404		C ROBERT FARRER 1335 SOUTH HOLMES IDAHO FALLS ID 83401			
						3. <u>New</u> Registered Agent Signature:*	
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	CARL R FARRER	1241 WICKLOW CT	IDAHO FALLS	ID	USA	83404	
SECRETARY	DARLENE J FARRER	1241 WICKLOW CT	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 109138		6. Annual Report must be signed.* Signature: Bob Farrer Name (type or print): Bob Farrer					
Processed 12/23/2010		* Electronically provided signatures are accepted as original signatures. Date: 12/23/2010 Title: Pres					