

No. C 202650		Due no later than Jul 31, 2015		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. STEVENSON INSURANCE INC. KASI JO STEVENSON 451 EASTLAND DR STE 1 TWIN FALLS ID 83301		KASI JO STEVENSON 451 EASTLAND DR STE 1 TWIN FALLS ID 83301			
				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	KASI JO STEVENSON	2945 RUBY DRIVE	TWIN FALLS	ID	USA	83301	
5. Organized Under the Laws of: ID C 202650		6. Annual Report must be signed.* Signature: Kasi J Stevenson Name (type or print): Kasi J Stevenson Date: 05/18/2015 Title: President					
Processed 05/18/2015		* Electronically provided signatures are accepted as original signatures.					