

No. C 167754	Due no later than Jul 31, 2016 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. BUTLER INSURANCE SERVICES INCORPARTED. A SHANE BUTLER 4205 KILARNEY DR BOISE ID 83704		ANTHONY SHANE BUTLER 4205 KILARNEY DR BOISE ID 83704			
			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	ANTHONY S BUTLER	4205 KILARNEY DR	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID C 167754	6. Annual Report must be signed.* Signature: Anthony Butler Name (type or print): Anthony Butler		Date: 05/24/2016 Title: Owner			
Processed 05/24/2016		* Electronically provided signatures are accepted as original signatures.				