No. <b>C 183296</b>				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.  KERRIE L OGDEN INSURANCE AGENCY INC  KERRIE L OGDEN  12295 W NANCEE DR  BOISE ID 83709		KERRIE L OGDEN 12295 W NANCEE DR BOISE ID 83709  3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ess Addresses of Presi	dent. Secretary, and Directors. Tre	easurer (	optional).			
Office Held	Name		Street or PO Address	. (	City	State	Country	Postal Code
PRESIDENT	KERRIE L C	GDEN	12295 W NANCEE DR		BOISE	ID	USA	83709
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 183296		Signature: Kerrie Ogden		Date: 06/19/2014				
		Name (type or print): Kerrie Ogden			Title: President			
Processed 06/19/2014 * Electronically provided signatures are accepted as original signatures.								