

No. C 136189		Due no later than Nov 30, 2010 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		1. Mailing Address: Correct in this box if needed. ALLEN INSURANCE AGENCY, INC. PO BOX K COUNCIL ID 83612		MARYANN ALLEN 203 MICHIGAN AVE COUNCIL ID 83612			
NO FILING FEE IF RECEIVED BY DUE DATE				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	MARYANN ALLEN	PO BOX K	COUNCIL	ID	USA	83612	
5. Organized Under the Laws of: ID C 136189		6. Annual Report must be signed.* Signature: Maryann Allen Name (type or print): Maryann Allen					
		Date: 11/12/2010 Title: President					
Processed 11/12/2010 * Electronically provided signatures are accepted as original signatures.							