

No. <b>C 157088</b>	<b>Due no later than Oct 31, 2017</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> GEOFF LEWIS INSURANCE AGENCY, INC. GEOFF LEWIS 6750 N GLENWOOD ST BOISE ID 83714	GEOFFREY R LEWIS 6750 N GLENWOOD ST BOISE ID 83714	
		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	GEOFFREY R LEWIS	12217 N HUMPHREYS	BOISE ID USA 83714
5. Organized Under the Laws of:  <b>ID C 157088</b>	6. Annual Report must be signed.* Signature: Geoff Name (type or print): Geoff		Date: 08/18/2017 Title: Lewis
Processed 08/18/2017		* Electronically provided signatures are accepted as original signatures.	