

No. <b>C 186460</b>		<b>Due no later than Mar 31, 2018</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		1. Mailing Address: <b>Correct in this box if needed.</b>  COMBINED PROFESSIONAL AGENTS INSURANCE SERVICES, INC. KATIE BEARNSON PO BOX 130 CEDAR CITY UT 84721 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
DIRECTOR	VANCE K SMITH	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	BRACKEN LONGHURST	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	ERIC O LEAVITT	216 S 200 W	CEDAR CITY	UT	USA	84720	
DIRECTOR	DAVID G GRANOWITZ	21820 BURBANK BLVD SUITE 300	WOODLAND HILLS	CA	USA	91367	
DIRECTOR	DANNY H LERNER	21820 BURBANK BLVD SUITE 300	WOODLAND HILLS	CA	USA	91367	
PRESIDENT	BRACKEN LONGHURST	216 S 200 W	CEDAR CITY	UT	USA	84720	
VICE PRESIDENT	DAVID G GRANOWITZ	21820 BURBANK BLVD SUITE 300	WOODLAND HILLS	CA	USA	91367	
VICE PRESIDENT	DANNY H LERNER	21820 BURBANK BLVD SUITE 300	WOODLAND HILLS	CA	USA	91367	
SECRETARY	MARK G KENNEY	216 S 200 W	CEDAR CITY	UT	USA	84720	
TREASURER	MATT DOWELL	216 S 200 W	CEDAR CITY	UT	USA	84720	
5. Organized Under the Laws of:  <b>CA</b> <b>C 186460</b>		6. Annual Report must be signed.*  Signature: Katie Bearnson Name (type or print): Katie Bearnson  Date: 01/28/2018 Title: Compliance Specialist					
Processed 01/28/2018		* Electronically provided signatures are accepted as original signatures.					