

No. C 209089		Due no later than Mar 31, 2018		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FARMER-ORTH-LEAVITT INSURANCE AGENCY, INC. KATIE BEARNSON 216 S 200 W CEDAR CITY UT 84720		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713		
				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	TIM WOODS	919 N 1ST STREET	PHOENIX	AZ	USA	85004
DIRECTOR	JAMES V FARMER	919 N 1ST STREET	PHOENIX	AZ	USA	85004
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	VANCE K SMITH	2 S 200 W	CEDAR CITY	UT	USA	84720
TREASURER	MICHAEL S LEAVITT	2 S 200 W	CEDAR CITY	UT	USA	84720
VICE PRESIDENT	TIM WOODS	919 N 1ST STREET	PHOENIX	AZ	USA	85004
VICE PRESIDENT	JAMES V FARMER	919 N 1ST STREET	PHOENIX	AZ	USA	85004
PRESIDENT	BRACKEN LONGHURST	216 S 200 W	CEDAR CITY	UT	USA	84720
SECRETARY	MARK G KENNEY	216 S 200 W	CEDAR CITY	UT	USA	84720
5. Organized Under the Laws of: AZ C 209089		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.				