

| | | | | | | | |
|--|---------------------|--|------------|--|---------|-------------|--|
| No. C 118042 | | Due no later than Jan 31, 2013 | | 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 | | 1. Mailing Address: Correct in this box if needed. CAMAS PRAIRIE INSURANCE, INC. DOMINIC J LUSTIG 608 KING ST COTTONWOOD ID 83522 | | DOMINIC J LUSTIG 608 KING ST COTTONWOOD ID 83522 | | | |
| | | | | 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 | |
| SECRETARY | SHELLI K SCHUMACHER | P.O. BOX 152 | COTTONWOOD | ID | USA | 83522 | |
| TREASURER | DOMINIC J LUSTIG | P.O. BOX 481 | COTTONWOOD | ID | USA | 83522 | |
| VICE PRESIDENT | SHELLI K SCHUMACHER | P.O. BOX 152 | COTTONWOOD | ID | USA | 83522 | |
| PRESIDENT | DOMINIC J LUSTIG | PO BOX 481 | COTTONWOOD | ID | USA | 83522 | |
| 5. Organized Under the Laws of: ID C 118042 | | 6. Annual Report must be signed.* Signature: Dominic J Lustig Name (type or print): Dominic J Lustig Date: 11/28/2012 Title: President/treasurer | | | | | |
| Processed 11/28/2012 | | * Electronically provided signatures are accepted as original signatures. | | | | | |