

No. <b>C 118042</b>		<b>Due no later than Jan 31, 2013</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>  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:  <b>ID</b> <b>C 118042</b>		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.							