

No. C 87028		Due no later than Jun 30, 2009 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. HOWARD INSURANCE AGENCY, INC. APRIL L HOWARD 1029 E PARK BLVD STE 101 BOISE ID 83712		APRIL L HOWARD 3386 WILLIAMSBURG WAY BOISE ID 83706			
NO FILING FEE IF RECEIVED BY DUE DATE				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	APRIL L HOWARD	1029 E. PARK BLVD SUITE 101	BOISE	ID	USA	83712	
5. Organized Under the Laws of: ID C 87028		6. Annual Report must be signed.* Signature: April L. Howard Name (type or print): April L. Howard					
		Date: 04/13/2009 Title: Corp. President					
Processed 04/13/2009 * Electronically provided signatures are accepted as original signatures.							