No. C 136189		Due no later than Nov 30, 2014	Registered Agent and Address (NO PO BOX) MARYANN ALLEN 203 MICHIGAN AVE COUNCIL ID 83612 3. New Registered Agent Signature:*			
Return to:		Annual Report Form				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALLEN INSURANCE AGENCY, INC. MARYANN ALLEN PO BOX K COUNCIL ID 83612				
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Name	es and Busine	ess Addresses of President, Secretary, and Directors. Treasurer (c	optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT MARYANN ALLEI		LEN PO BOX K	COUNCIL	ID	USA	83612
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID		Signature: Maryann Allen	Date: 09/29/2014			
C 136189		Name (type or print): Maryann Allen	Title: president			
Processed 09/29/2014 * Electronically provided signatures are accepted as original signatures.						