

No. C 78207	Due no later than Mar 31, 2018 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ARCHIBALD INSURANCE CENTER, INC. KATIE BEARNSON PO BOX 130 CEDAR CITY UT 84721 USA		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
PRESIDENT	JAKE JENSEN	216 S 200 W	CEDAR CITY	UT	USA	84720
VICE PRESIDENT	AARON COTTLE	135 W MAIN	REXBURG	ID	USA	83440
VICE PRESIDENT	GARY ARCHIBALD	135 W MAIN	REXBURG	ID	USA	83440
SECRETARY	MARK G KENNEY	216 S 200 W	CEDAR CITY	UT	USA	84720
TREASURER	MICHAEL S LEAVITT	216 S 200 W	CEDAR CITY	UT	USA	84720
DIRECTOR	VANCE K SMITH	216 S 200 W	CEDAR CITY	UT	USA	84720
DIRECTOR	JAKE JENSEN	216 S 200 W	CEDAR CITY	UT	USA	84720
DIRECTOR	ERIC O LEAVITT	216 S 200 W	CEDAR CITY	UT	USA	84720
DIRECTOR	AARON COTTLE	135 W MAIN	REXBURG	IR	USA	83440
DIRECTOR	GARY ARCHIBALD	135 W MAIN	REXBURG	ID	USA	83440
5. Organized Under the Laws of: ID C 78207	6. Annual Report must be signed.* Signature: Katie Bearnsion Name (type or print): Katie Bearnsion Date: 01/28/2018 Title: Compliance Specialist					
Processed 01/28/2018		* Electronically provided signatures are accepted as original signatures.				