

No. C 148490	Due no later than Apr 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. SUMMIT INSURANCE, INC. LAFONDA MERRICK 100 MCCLURE AVE STE A NAMPA ID 83651		LAFONDA JEAN MERRICK 100 MCCLURE AVE STE A NAMPA ID 83651			
			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
DIRECTOR	DAVID TIDWELL	100 MCCLURE AVE STE A	NAMPA	ID	USA	83651
PRESIDENT	NEILS TIDWELL	1100 GARRITY BVD	NAMPA	ID	USA	83687
DIRECTOR	LAFONDA MERRICK	1100 GARRITY BLVD	NAMPA	ID	USA	83687
5. Organized Under the Laws of: ID C 148490	6. Annual Report must be signed.*					
	Signature: Gina Tidwell		Date: 05/29/2009			
	Name (type or print): Gina Tidwell		Title: Bookkeeper			
Processed 05/29/2009		* Electronically provided signatures are accepted as original signatures.				