No. C 149119	Due no later than May 31, 2012	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Annual Report Form 1. Mailing Address: Correct in this box if needed. JON D SEARLE INSURANCE AGENCY, INC. JON SEARLE 1711 OVERLAND AVE	JON SEARLE 1711 OVERLAND AVE BURLEY ID 83318			
NO FILING FEE IF RECEIVED BY DUE DATE	BURLEY ID 83318	3. <u>New</u> Regist	ered Agent Si	gnature:*	
4. Corporations: Enter Names and Bus	iness Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT JON SEAR	LE 42 E 220 S	BURLEY	ID	USA	83318
5. Organized Under the Laws of:	6. Annual Report must be signed.*				
ID ID	Signature: Jon Searle	Date: 03/12/2012			
C 149119	Name (type or print): Jon Searle	Title: President			
Processed 03/12/2012	* Electronically provided signatures are accepted as original signatures.				