

|  |                    |  |                |   |         |             |  |
|--|--------------------|--|----------------|---|---------|-------------|--|
| No. <b>C 75133</b>   |                    | <b>Due no later than Feb 28, 2018</b>  |                | 2. Registered Agent and Address <b>(NO PO BOX)</b>  |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>TOOLSON & ASSOCIATES INSURANCE INC.<br>JOHN M TOOLSON III<br>44 EAST 400 SOUTH<br>JEROME ID 83338 |                | JOHN M TOOLSON III<br>44 E 400 S<br>JEROME ID 83338 |         |             |  |
|  |                    |  |                | 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  | JOHN M TOOLSON III | 2536 E. 3769 N.  | TWIN FALLS     | ID  | USA     | 83301       |  |
| SECRETARY  | JULIE M PRINCIPE   | 618 COUNTRY CLUB DR.   | STANSBURY PARK | UT  | USA     | 84074       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>C 75133</b>   |                    | 6. Annual Report must be signed.*<br>Signature: John M. Toolson III<br>Name (type or print): John M. Toolson III<br>Date: 01/03/2018<br>Title: President           |                |   |         |             |  |
| Processed 01/03/2018   |                    | * Electronically provided signatures are accepted as original signatures.  |                |   |         |             |  |