

No. <b>C 140093</b>	<b>Due no later than Jul 31, 2016</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> KATHLEEN RANKIN INSURANCE AGENCY, INC. KATHLEEN RANKIN 6900 OVERLAND RD BOISE ID 83709	KATHLEEN RANKIN 6900 OVERLAND RD BOISE ID 83709				
		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	KATHLEEN C RANKIN	6900 OVERLAND RD.	BOISE	ID	USA	83709
5. Organized Under the Laws of:  <b>ID C 140093</b>	6. Annual Report must be signed.* Signature: Kathleen Rankin Name (type or print): Kathleen Rankin		Date: 06/12/2016 Title: President			
Processed 06/12/2016		* Electronically provided signatures are accepted as original signatures.				