

No. <b>C 24966</b>		<b>Due no later than Apr 30, 2014</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>  KRUSE INSURANCE, INC. RONALD HOWELL RONALD B. HOWELL P. O. BOX 489 POCATELLO ID 83204-0484 USA		RONALD B. HOWELL 755 NORTH MAIN, SUITE E POCATELLO ID 83204			
						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	
SECRETARY	BRET A HOWELL	PO BOX 489	POCATELLO	ID	USA	83204-0489	
PRESIDENT	RONALD B HOWELL	PO BOX 489	POCATELLO	ID	USA	83204-0489	
5. Organized Under the Laws of:  <b>ID</b> <b>C 24966</b>		6. Annual Report must be signed.*  Signature: Ronald B Howell Name (type or print): Ronald B Howell					
		Date: 02/11/2014 Title: President					
Processed 02/11/2014		* Electronically provided signatures are accepted as original signatures.					