No. <b>C 202726</b>		Due no later than Jul 31, 2018		2. Registered A	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.  MARK ELDREDGE INSURANCE AGENCY INC  MARK ELDREDGE  3809 WILLOW RIDGE DR  AMMON ID 83406		3809 WILLO AMMON ID	MARK ELDREDGE 3809 WILLOW RIDGE DR AMMON ID 83406  3. New Registered Agent Signature:*			
NO FILIN RECEIVED BY 4. Corporations: Enter	DUE DATE	ess Addresses o	f President, Secretary, and Directors. Treas	surer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	MARK ELDRI	EDGE	3809 WILLOW RIDGE DR	AMMON	ID	USA	83406	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID C 202726		Signature: M	1ark Eldredge		Date: 08/15/2018			
		Name (type		Title: President				
Processed 08/15/201	18	* Electronically	provided signatures are accepted as origina	al signatures.				