

No. C 200083		Due no later than Oct 31, 2018 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SHIELD COMMERCIAL INSURANCE SERVICES, INC. SHARON ANNE EVERSZ 43725 MONTEREY AVE STE A PALM DESERT CA 92260 USA		PARACORP INCORPORATED 921 S ORCHARD ST STE G BOISE ID 83705			
						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	
VICE PRESIDENT	DOUGLAS HOLMES	43725 MONTEREY AVE STE A	PALM DESERT	CA	USA	92260	
SECRETARY	DOUGLAS HOLMES	43725 MONTEREY AVE STE A	PALM DESERT	CA	USA	92260	
DIRECTOR	ROBERT ANDERSON	43725 MONTEREY AVE STE A	PALM DESERT	CA	USA	92260	
DIRECTOR	DOUGLAS HOLMES	43725 MONTEREY AVE STE A	PALM DESERT	CA	USA	92260	
PRESIDENT	ROBERT ANDERSON	43725 MONTEREY AVE STE A	PALM DESERT	CA	USA	92260	
TREASURER	DOUGLAS HOLMES	43725 MONTEREY AVE STE A	PALM DESERT	CA	USA	92260	
5. Organized Under the Laws of: CA C 200083		6. Annual Report must be signed.* Signature: ROBERT ANDERSON Name (type or print): ROBERT ANDERSON					
		Date: 08/21/2018 Title: PRESIDENT					
Processed 08/21/2018		* Electronically provided signatures are accepted as original signatures.					