| No. C 158501 | | Due no later than Jan 31, 2009 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|-------------|--|-----------|--|------------------|---------|-------------|
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | C S 1 | Annual Report Form 1. Mailing Address: Correct in this box if needed. C. SHAWN BINGHAM INSURANCE AGENCY INC. SHAWN BINGHAM 120 W 13TH ST BURLEY ID 83318 | | C SHAWN BINGHAM 120 W 13TH ST BURLEY ID 83318 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busine | | ddresses of President, Secretary, and Directors. Tre | easurer (| ontional) | | | |
| Office Held Nar | | Street or PO Address | ousurer (| City | State | Country | Postal Code |
| PRESIDENT C. S | SHAWN BINGH | IAM 120 W 13TH ST | | BURLEY | ID | USA | 83318 |
| 5. Organized Under the Laws of: ID C 158501 | | 6. Annual Report must be signed.* Signature: C Shawn Bingham Date: 02/06/2009 | | | | | |
| | | Name (type or print): C Shawn Bingham | | | Title: President | | |
| Processed 02/06/2009 | * Ele | * Electronically provided signatures are accepted as original signatures. | | | | | |