

No. <b>C 165354</b>		<b>Due no later than Feb 28, 2013</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> COLLIN SHARP INSURANCE AGENCY INC COLLIN SHARP PO BOX 5064 TWIN FALLS ID 83303		COLLIN SHARP 1976 S LINCOLN JEROME ID 83338			
				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	COLLN SHARP	1976 S LINCOLN	JEROME	ID	USA	83338	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>ID C 165354</b>		Signature: Collin Sharp				Date: 02/20/2013	
		Name (type or print): Collin Sharp				Title: President	
Processed 02/20/2013		* Electronically provided signatures are accepted as original signatures.					