

No. C 132072		Due no later than Jan 31, 2010		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		Annual Report Form		DAVID M WALDO 115 PLYMOUTH AVE NEW PLYMOUTH ID 83655			
		1. Mailing Address: Correct in this box if needed. WALDO INSURANCE, INC. DAVID M WALDO PO BOX 1667 NYSSA OR 97913		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	DAVID M WALDO	PO BOX 1667	NYSSA	OR	USA	97913	
SECRETARY	BARBARA J WALDO	PO BOX 1667	NYSSA	OR	USA	97913	
5. Organized Under the Laws of: OR C 132072		6. Annual Report must be signed.* Signature: Tawni Maxwell Name (type or print): Tawni Maxwell Date: 01/25/2010 Title: Operations Manager					
Processed 01/25/2010		* Electronically provided signatures are accepted as original signatures.					