No. <b>C 203319</b>		Due no later than Sep 30, 2016		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annu	Annual Report Form  1. Mailing Address: Correct in this box if needed.  WHITAKER INSURANCE AGENCY, INC.  TRINA WHITAKER  739 STATE ST  WEISER ID 83672		TRINA WHITAKER 739 STATE ST WEISER ID 83672  3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	WHITAKER INSURANC TRINA WHITAKER 739 STATE ST							
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names and I	Business Addresses of Presider	nt, Secretary, and Directors. Trea	asurer (o	otional).				
Office Held Name		Street or PO Address		City	State	Country	Postal Code	
PRESIDENT TRINA	VHITAKER	739 STATE STREET		WEISER	ID	USA	83672	
5. Organized Under the Laws of:	6. Annual Report must b	6. Annual Report must be signed.*						
ID	Signature: Trina Whit	Signature: Trina Whitaker			Date: 07/26/2016			
C 203319	C 203319 Name (type or print): Trina Whitaker			Title: President				
Processed 07/26/2016	* Electronically provided	* Electronically provided signatures are accepted as original signatures.						