No. **C 186934**	**Due no later than Apr 30, 2014**	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** **1. Mailing Address: Correct in this box if needed.** BLACK BEAR INSURANCE INC. BRADEN BREINHOLT 12 N SPRUCE ST ANTHONY ID 83445	S BRADEN BREINHOLT 12 N SPRUCE ST ANTHONY ID 83445 3. New 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	S BRADEN BREINHOLT	12 N SPRUCE	ST ANTHONY	ID	USA	83445

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 186934**	Signature: S Braden Breinholt Name (type or print): S Braden Breinholt	Date: 05/15/2014 Title: President

Processed 05/15/2014

* Electronically provided signatures are accepted as original signatures.