

No. C 69632	Due no later than Apr 30, 2013 Annual Report Form	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	1. Mailing Address: Correct in this box if needed. TROY INSURANCE AGENCY, INC. DAVID S TROY PO BOX 796 LEWISTON ID 83501	DAVID S TROY 1822 18TH AVE LEWISTON ID 83501				
		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
SECRETARY	GISELA TROY	1822 18TH AVENUE PO BOX 796	LEWISTON	ID	USA	83501
PRESIDENT	DAVID S TROY	1822 18TH AVENUE PO BOX 796	GENESEE	ID	USA	83832
DIRECTOR	MIKE MAC DOWELL	1822 18TH AVENUE PO BOX 796	LEWISTON	ID	USA	83501
5. Organized Under the Laws of: ID C 69632	6. Annual Report must be signed.* Signature: Stacie Bundy Name (type or print): Stacie Bundy		Date: 03/28/2013 Title: Customer Service Agent			
Processed 03/28/2013		* Electronically provided signatures are accepted as original signatures.				