No. C 207040			2	2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	Annual Report Form 1. Mailing Address: Correct in this box if needed. STEVE RICHARDSON INSURANCE, INC. 860 SE BAYSHORE DR STE 202 OAK HARBOR WA 98277		d.	DEAN L CAMERON 700 W STATE FL3 BOISE ID 83702			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
			3	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
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 STEVE RICHARDSON 2380 VOYAGER TER			oak harbor	WA		98277	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
WA	Signature: Steve Richardson			Date: 06/23/2016			
C 207040	Name (type or print): Steve Richardson			Title: Pres			
Processed 06/23/2016	* Electronically provided signatures are accepted as original signatures.						