| No. C 212373 | | D | Due no later than Jan 31, 2018 | | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|----------|---|--|-------------------|---|------------------|-------------|--|--|
| Return to: | | | Annual Report Form | | SCOTT MALMSTROM | | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | | SCOTT MALM SCOTT MALI 11780 W RAL | 1. Mailing Address: Correct in this box if needed. SCOTT MALMSTROM AGENCY, INC SCOTT MALMSTROM 11780 W RAUL ST BOISE ID 83709 | | 11780 W RAUL ST BOISE ID 83709 3. New Registered Agent Signature:* | | | | |
| NO FILING I RECEIVED BY D | OUE DATE | usinoss Addrossos of | President, Secretary, and Directors. Tre | acurar (antional) | | | | | |
| Office Held | Name | usiness Addresses of | Street or PO Address | City | State | Country | Postal Code | | |
| PRESIDENT | | MALMSTROM | 11780 W RAUL ST | BOISE | ID | USA | 83709 | | |
| 5. Organized Under the Laws of: | | 6. Annual Repo | 6. Annual Report must be signed.* | | | | | | |
| ID C 212373 | | Signature: So | Signature: Scott Malmstrom | | | Date: 11/30/2017 | | | |
| | | Name (type o | Name (type or print): Scott Malmstrom | | | Title: President | | | |
| Processed 11/30/2017 | | * Electronically p | provided signatures are accepted as original | inal signatures. | | | | | |