

No. C 188423	Due no later than Sep 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. BOISE INSURANCE, INC. TODD C REAKES 4521 S CLOVERDALE RD STE 102 BOISE ID 83709 USA		TODD REAKES 4521 S CLOVERDALE RD STE 102 BOISE ID 83709				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						3. <u>New</u> Registered Agent Signature:*	
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	TODD C REAKES	4521 S CLOVERDALE RD STE 102	BOISE	ID	USA	83709	
5. Organized Under the Laws of: ID C 188423	6. Annual Report must be signed.* Signature: Todd Reakes Name (type or print): Todd Reakes						Date: 10/11/2013 Title: President
Processed 10/11/2013	* Electronically provided signatures are accepted as original signatures.						