No. C 143677	Reinstatement Annual Report Form ADMIN DISSOLVED 07/08/2009	2. Registered Agent and Office **(NOT A P.O. BOX)**
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080	1. **Mailing Address: Correct in this box if needed.** KNIEFEL INSURANCE SERVICES, INC. ~~2004 NORCREST DR~~ 1818 State St BOISE ID ~~83705~~ 83702	BRUCE KNIEFEL ~~2004 NORCREST DR~~ 1818 State St BOISE ID ~~83705~~ 83702
REINSTATEMENT FEE **DUE:** $30.00		3. New Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
~~Pres~~ President	Bruce Kniefel	1818 State st	Boise	Id	ADA	83702
Secretary	Connie Kniefel	1818 State st.	Boise	Id	ADA	83702

5. Organized Under the Laws of:	6.
IDAHO C 143677	Signature: BK Name (type or print): Bruce Kniefel Date: 1/23/2015 Title: President

Issued 01/21/2015 by online

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM