

No. C 159796		Due no later than Apr 30, 2010		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. ORTON INSURANCE AND FINANCIAL SERVICES, INC. ROSCOE O ORTON 635 CHAD DR REXBURG ID 83440		ROSCOE O ORTON 635 CHAD DR REXBURG ID 83440		
				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	KATHLEEN C ORTON	635 CHAD DRIVE	REXBURG	ID	USA	83440
PRESIDENT	ROSCOE O ORTON	635 CHAD DRIVE	REXBURG	ID	USA	83440
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 159796		Signature: Roscoe O. Orton			Date: 02/23/2010	
		Name (type or print): Roscoe O. Orton			Title: President	
Processed 02/23/2010		* Electronically provided signatures are accepted as original signatures.				