

No. C 164141		Due no later than Dec 31, 2017		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. GRANT MOSES INSURANCE, INC. GRANT R MOSES 1054 W 1600 S PRESTON ID 83263		GRANT R MOSES 1054 W 1600 S PRESTON ID 83263					
				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			
PRESIDENT	GRANT R MOSES	1054 WEST 1600 SOUTH	PRESTON	ID	USA	83263			
5. Organized Under the Laws of: ID C 164141		6. Annual Report must be signed.* Signature: Grant Moses Name (type or print): Grant Moses Date: 10/31/2017 Title: President							
Processed 10/31/2017		* Electronically provided signatures are accepted as original signatures.							