

No. C 104407		Due no later than Dec 31, 2016		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. CARLSON INSURANCE AGENCY, INC. JERRY S CARLSON PO BOX 2257 HAYDEN ID 83835		JERRY S CARLSON 7736 N GOVERNMENT WAY #7 DALTON GARDENS ID 83815			
				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	
DIRECTOR	JERRY S CARLSON	9675 N CIRCLE DR	HAYDEN	ID	USA	83835	
DIRECTOR	JACKIE K CARLSON	9675 N. CIRCLE DR.	HAYDEN	ID	USA	83835	
5. Organized Under the Laws of: ID C 104407		6. Annual Report must be signed.* Signature: Jackie Carlson Name (type or print): Jackie Carlson Date: 11/14/2016 Title: Director					
Processed 11/14/2016		* Electronically provided signatures are accepted as original signatures.					