No. C 143677		Due	2. Registered	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form		BRUCE KN	BRUCE KNIEFEL			
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. KNIEFEL INSURANCE SERVICES, INC. KNIEFEL INSURANCE SERVICES, INC. 1818 STATE ST BOISE ID 83702-3955 USA		BOISE ID	1818 STATE ST BOISE ID 83702-3955 3. New Registered Agent Signature:*			
4. Corporations: Enter N	ames and Busi	iness Addresses of F	resident, Secretary, and Directors. Tre	asurer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	BRUCE ALL	EN KNIEFEL	1818 W. STATE ST.	BOISE	ID	USA	83702-3995	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Burce Kniefel			Date: 02/26/2016			
C 143677		Name (type or		Title: Owner				
Processed 02/26/2016	* Electronically provided signatures are accepted as original signatures.							