

No. C 155775		Due no later than Jul 31, 2009		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. KIMBALL FAMILY INSURANCE, INC. KELLY D KIMBALL 1978 N TRAIL CREEK WAY EAGLE ID 83616		KELLY KIMBALL 1978 N TRAIL CREEK WAY EAGLE ID 83616			
				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	KENNETH M KIMBALL	1978 N TRAIL CREEK WAY	EAGLE	ID	USA	83616	
SECRETARY	KELLY D KIMBALL	1978 N TRAIL CREEK	EAGLE	ID	USA	83616	
5. Organized Under the Laws of: ID C 155775		6. Annual Report must be signed.* Signature: Kelly Kimball Name (type or print): Kelly Kimball Date: 05/15/2009 Title: Secretary					
Processed 05/15/2009		* Electronically provided signatures are accepted as original signatures.					