

No. <b>C 157088</b>		<b>Due no later than Oct 31, 2014</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  GEOFF LEWIS INSURANCE AGENCY, INC. GEOFF LEWIS 1433 N COLE RD BOISE ID 83704		GEOFFREY R LEWIS 1433 N COLE RD BOISE ID 83704			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	GEOFFREY R LEWIS	12217 N HUMPHREYS	BOISE	ID	USA	83714	
5. Organized Under the Laws of:  <b>ID</b> <b>C 157088</b>		6. Annual Report must be signed.*  Signature: Geoff Lewis Name (type or print): Geoff Lewis  Date: 09/09/2014 Title: President					
Processed 09/09/2014      * Electronically provided signatures are accepted as original signatures.							