

No. <b>C 198769</b>		<b>Due no later than Jun 30, 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>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  ROCKY MOUNTAIN AG INSURANCE, INC. NICOLE PRESCOTT 4043 N 3500 E KIMBERLY ID 83341		NICOLE PRESCOTT 4043 N 3500 E KIMBERLY ID 83341			
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	NICOLE PRESCOTT	4043 N. 3500 E.	KIMBERLY	ID	USA	83341	
5. Organized Under the Laws of:  <b>ID</b> <b>C 198769</b>		<b>6. Annual Report must be signed.*</b>  Signature: Nicole Prescott Name (type or print): Nicole Prescott					
		Date: 06/30/2014 Title: President					
Processed 06/30/2014      * Electronically provided signatures are accepted as original signatures.							