

No. C 194155		Due no later than Mar 31, 2015 Annual Report Form		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		1. Mailing Address: Correct in this box if needed. C.A. PIERCE INSURANCE, INC. CLARK A PIERCE 675 W 4TH ST KUNA ID 83634		CLARK A PIERCE 675 W 4TH ST KUNA 83634			
						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	CLARK A PIERCE	675 W 4TH STREET	KUNA	ID	USA	83634	
5. Organized Under the Laws of: ID C 194155		6. Annual Report must be signed.* Signature: Clark A Pierce Name (type or print): Clark A Pierce					
		Date: 03/05/2015 Title: President					
Processed 03/05/2015 * Electronically provided signatures are accepted as original signatures.							