No. C 109212 Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	Due no later than Jan 31, 2018 Annual Report Form 1. Mailing Address: Correct in this box if needed. TIM JENESON INSURANCE AGENCY, INC. TIM JENESON PO BOX 477 KETCHUM ID 83340	2. Registered Agent and Address (NO PO BOX) TIM JENESON 540 FIRST AVE NORTH STE 201 KETCHUM ID 83340 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Corporations: Enter Names and Busin	ness Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT TIM JENESO DIRECTOR TIM JENESO SECRETARY TIM JENESO	DN 214 SWEETBRIER DR	HAILEY HAILEY HAILEY	ID ID ID	USA USA USA	83333 83333 83333
5. Organized Under the Laws of: 6. Annual Report must be signed.*					
ID C 109212	Signature: tim jeneson Name (type or print): tim jeneson	Date: 12/15/2017 Title: president			
Processed 12/15/2017	* Electronically provided signatures are accepted as original signatures.				