

No. <b>C 139089</b>	<b>Due no later than May 31, 2018</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> MURRAY INSURANCE, INC. DAVID J. MURRAY 1920 19TH AVE LEWISTON ID 83501 USA		DAVID J. MURRAY 1920 19TH AVE LEWISTON ID 83501			
			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	DAVID J MURRAY	2215 SCHAEFER DR	CLARKSTON	WA	USA	99403
SECRETARY	KRISTI L MURRAY	2215 SCHAEFER DR	CLARKSTON	WA	USA	99403
5. Organized Under the Laws of:  <b>ID C 139089</b>	6. Annual Report must be signed.* Signature: David Murray Name (type or print): David Murray		Date: 03/21/2018 Title: President			
Processed 03/21/2018		* Electronically provided signatures are accepted as original signatures.				