No. <b>C 118042</b>		Due no later than Jan 31, 2018		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			DOMINIC J LUSTIG			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  CAMAS PRAIRIE INSURANCE, INC.  DOMINIC J LUSTIG  608 KING ST			608 KING ST COTTONWOOD ID 83522			
		COTTONWOOD ID 83522		3. <u>New</u> Registered	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter N	lames and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	DOMINIC J		PO BOX 481	COTTONWOOD	ID	USA	83522	
SECRETARY			PO BOX 481	COTTONWOOD	ID	USA	83522	
TREASURER	DOMINIC J LUSTIG		P.O. BOX 481	COTTONWOOD	ID	USA	83522	
VICE PRESIDENT	GINA M LUS	STIG	PO BOX 481	COTTONWOOD	ID	USA	83522	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Dominic Lustig			Date: 01/31/2018			
C 118042		Name (type or print): Dominic Lustig			Title: President			
Processed 01/31/2018		* Electronically p	rovided signatures are accepted as origina	l signatures.				