

No. <b>C 171051</b>		<b>Due no later than Jan 31, 2012</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>1. Mailing Address: Correct in this box if needed.</b>  WRANGLER INSURANCE, INC. ROBERT B TREVINO 111 EAST ELIS PO BOX 189 PAUL ID 83347 USA		ROBERT B TREVINO 111 EAST ELIS PAUL ID 83347			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	ROBERT B TREVINO	111 EAST ELIS PO BOS 189	PAUL	ID	USA	83347	
DIRECTOR	BRAD A BELL	111 EAST ELIS PO BOX 189	PAUL	ID	USA	83347	
DIRECTOR	LUKE W TREVINO	111 EAST ELIS PO BOX 189	PAUL	ID	USA	83347	
DIRECTOR	MATTHEW R TREVINO	111EAST ELIS PO BOX 189	PAUL	ID	USA	83347	
5. Organized Under the Laws of:  <b>ID</b> <b>C 171051</b>		6. Annual Report must be signed.*  Signature: Robert B Trevino Name (type or print): Robert B Trevino					
		Date: 11/14/2011 Title: President					
Processed 11/14/2011		* Electronically provided signatures are accepted as original signatures.					