

No. C 167754	Due no later than Jul 31, 2009 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. BUTLER INSURANCE SERVICES INCORPARTED. A SHANE BUTLER 4205 KILARNEY DR BOISE ID 83704	ANTHONY SHANE BUTLER 4205 KILARNEY DR BOISE ID 83704				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	ANTHONY S BUTLER	4205 KILARNEY DR	BOISE	ID	USA	83704
5. Organized Under the Laws of: ID C 167754	6. Annual Report must be signed.* Signature: Anthony S Butler Name (type or print): Anthony S Butler		Date: 06/10/2009 Title: President			
Processed 06/10/2009		* Electronically provided signatures are accepted as original signatures.				