No. **C 159796**	**Due no later than Apr 30, 2017** **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.** ORTON INSURANCE AND FINANCIAL SERVICES, INC. ROSCOE O ORTON 635 CHAD DR REXBURG ID 83440	ROSCOE O ORTON 635 CHAD DR REXBURG ID 83440 3. New 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
SECRETARY	KATHLEEN C ORTON	635 CHAD DRIVE	REXBURG	ID	USA	83440
PRESIDENT	ROSCOE O ORTON	635 CHAD DRIVE	REXBURG	ID	USA	83440

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 159796**	Signature: Kathleen Orton	Date: 02/27/2017
	Name (type or print): Kathleen Orton	Title: Secretary

Processed 02/27/2017

* Electronically provided signatures are accepted as original signatures.