

No. C 152608		Due no later than Jan 31, 2011 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. SHAUNA MICKENS INSURANCE AGENCY, INCORPORATED MOLLY O LEARY 515 N 27TH ST BOISE ID 83702		MOLLY O LEARY 515 N 27TH STREET BOISE ID 83702			
						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	
SECRETARY	SHAUNA MICKENS	5266 W STATE STREET SUITE 102	BOISE	ID	USA	83703	
PRESIDENT	SHAUNA MICKENS	5266 W STATE STREET SUITE 102	BOISE	ID	USA	83703	
TREASURER	JOHN MICKENS	5266 W STATE ST SUITE 102	BOISE	ID	USA	83703	
5. Organized Under the Laws of: ID C 152608		6. Annual Report must be signed.* Signature: Shauna Mickens Name (type or print): Shauna Mickens					
		Date: 12/29/2010 Title: President					
Processed 12/29/2010 * Electronically provided signatures are accepted as original signatures.							