No. **C 14016**	**Due no later than Oct 31, 2012** **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.** AMERICAN INSURANCE AND LOAN CO., INC. JOHN B SULLIVAN 55 SOUTHWAY PO BOX 559 LEWISTON ID 83501	JOHN B SULLIVAN 55 SOUTHWAY LEWISTON ID 83501 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
PRESIDENT	JOHN B SULLIVAN	PO BOX 559	LEWISTON	ID	USA	83501-0559
SECRETARY	SHAWN D SULLIVAN	PO BOX 559	LEWISTON	ID	USA	83501-0559
TREASURER	JOHN B SULLIVAN	PO BOX 559	LEWISTON	ID	USA	83501-0559

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 14016**	Signature: John B Sullivan	Date: 08/15/2012
	Name (type or print): John B Sullivan	Title: President

Processed 08/15/2012

* Electronically provided signatures are accepted as original signatures.