

| | | | | | | | |
|--|---------------------|---|----------|---|---------|-------------|--|
| No. C 190726 | | Due no later than Apr 30, 2014 | | 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. IDAHO INSURANCE AGENTS ALLIANCE, INC. JAMES A FULLINWIDER 929 N MAIN ST MERIDIAN ID 83642 | | JAMES A FULLINWIDER 929 N MAIN ST MERIDIAN ID 83642 | | | |
| | | | | 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 | STEPHANIE A BARNES | 929 N. MAIN STREET | MERIDIAN | ID | USA | 83642 | |
| PRESIDENT | JAMES A FULLINWIDER | 929 N. MAIN STREET | MERIDIAN | ID | USA | 83642 | |
| 5. Organized Under the Laws of: ID C 190726 | | 6. Annual Report must be signed.* Signature: James A Fullinwider Name (type or print): James A Fullinwider Date: 04/10/2014 Title: President | | | | | |
| Processed 04/10/2014 | | * Electronically provided signatures are accepted as original signatures. | | | | | |