

No. C 190726		Due no later than Apr 30, 2014 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. 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					
Processed 04/10/2014		Date: 04/10/2014 Title: President * Electronically provided signatures are accepted as original signatures.					