

No. C 150357		Due no later than Aug 31, 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. JULIE P. KEENEY INSURANCE AGENCY, INC. JULIE P KEENEY 2819 SHAMROCK AVE. NAMPA ID 83686		JULIE P KEENEY 2819 SHAMROCK AVE. NAMPA ID 83686				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			
PRESIDENT	JULIE P KEENEY	2819 SHAMROCK AVE.	NAMPA	ID	USA	83686			
5. Organized Under the Laws of:		6. Annual Report must be signed. *							
ID C 150357		Signature: Julie Keeney				Date: 06/09/2014			
		Name (type or print): Julie Keeney				Title: President			
Processed 06/09/2014		* Electronically provided signatures are accepted as original signatures.							