

No. <b>C 202724</b>		<b>Due no later than Jul 31, 2018</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  ASHLAND INSURANCE, INC. PO BOX 880 ASHLAND OR 97520		CORPORATE CREATIONS NETWORK IN 950 W BANNOCK ST #1100 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
PRESIDENT	THOMAS WILSON	585 A ST #1	ASHLAND	OR	97520
SECRETARY	JEFFREY E WILSON	801 OHARE PKWY STE 101	MEDFORD	OR	97504
5. Organized Under the Laws of:  <b>OR C 202724</b>		6. Annual Report must be signed.* Signature: Thomas Wilson Name (type or print): Thomas Wilson Date: 05/21/2018 Title: President			
Processed 05/21/2018		* Electronically provided signatures are accepted as original signatures.			