

No. C 139089		Due no later than May 31, 2015		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		Annual Report Form		DAVID J. MURRAY 302 THAIN RD STE D LEWISTON 83501			
		1. Mailing Address: Correct in this box if needed.		3. <u>New</u> Registered Agent Signature:*			
		MURRAY INSURANCE, INC. DAVID J. MURRAY 302 THAIN RD STE D LEWISTON ID 83501					
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	DAVID J MURRAY	2215 SCHAEFER DR	CLARKSTON	WA	USA	99403	
SECRETARY	KRISTI L MURRAY	2215 SCHAEFER DR	CLARKSTON	WA	USA	99403	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID C 139089		Signature: David Murray			Date: 03/24/2015		
		Name (type or print): David Murray			Title: President		
Processed 03/24/2015		* Electronically provided signatures are accepted as original signatures.					