

No. C 139089		Due no later than May 31, 2015 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. MURRAY INSURANCE, INC. DAVID J. MURRAY 302 THAIN RD STE D LEWISTON ID 83501		DAVID J. MURRAY 302 THAIN RD STE D LEWISTON 83501			
						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	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: ID C 139089		6. Annual Report must be signed.* Signature: David Murray Name (type or print): David Murray					
		Date: 03/24/2015 Title: President					
Processed 03/24/2015		* Electronically provided signatures are accepted as original signatures.					