

No. <b>C 87319</b>		<b>Due no later than Aug 31, 2011</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  WOOD RIVER INSURANCE INCORPORATED SANDY KELLY 410 N MAIN HAILEY ID 83333		GREGORY R BLOOMFIELD 205 EQUUS DR BELLEVUE ID 83313			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
DIRECTOR	ROBERT BLOOMFIELD	PO BOX 1133	BELLEVUE	ID	USA	83313	
DIRECTOR	MARGARET WORTHINGTON	1235 HART LANE	HARTSVILLE	PA	USA	18974-1018	
SECRETARY	ANNE BLOOMFIELD	205 EQUUS DR	BELLEVUE	ID	USA	83313-1018	
PRESIDENT	GREG R BLOOMFIELD	205EQUUS DR	BELLEVUE	ID	USA	83313-1018	
5. Organized Under the Laws of:  <b>ID</b> <b>C 87319</b>		6. Annual Report must be signed.*  Signature: Sandy Kelly Name (type or print): Sandy Kelly					
		Date: 06/21/2011 Title: Cpa					
Processed 06/21/2011 * Electronically provided signatures are accepted as original signatures.							