No. <b>C 197560</b>	Due no later than Feb 28, 2018		2. Registered Agent and Address (NO PO BOX)				
Return to:	Annual Report Form		SHANE HARRIGFELD 3153 E 17TH ST AMMON ID 83406				
SECRETARY OF STATE	1. Mailing Address: Correct in this box if needed.  SHANE HARRIGFELD INSURANCE AGENCY, INC.  SHANE HARRIGFELD  3153 E 17TH ST  AMMON ID 83406						
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080							
			3. <u>New</u> Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE							
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 SHANE HARRIGFELD		4913 E 49TH N	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
ID	ID Signature: Shane Harrigfeld			Date: 12/27/2016			
C 197560 Name (type or print): Sha		t): Shane Harrigfeld	Title: President				
Processed 12/27/2016	* Electronically provided signatures are accepted as original signatures.						