No. C 109212		Due no later than Jan 31, 2013	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 1. Mailing Address: Correct in this box if needed. TIM JENESON INSURANCE AGENCY, INC. TIM JENESON PO BOX 477	TIM JENESON 540 FIRST AVE NORTH STE 202 KETCHUM ID 83340			
		KETCHUM ID 83340	3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names	and Busine	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held Na	ıme	Street or PO Address	City	State	Country	Postal Code
SECRETARY TI	M JENESO M JENESO M JENESO	N 214 SWEETBRIER DR	HAILEY HAILEY HAILEY	ID ID ID	USA USA USA	83333 83333 83333
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 109212		Signature: Tim Jeneson Name (type or print): Tim Jeneson	Date: 01/03/2013 Title: President			
Processed 01/03/2013 * Electronically provided signatures are accepted as original signatures.						