

No. <b>C 186934</b>	<b>Due no later than Apr 30, 2012</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>  BLACK BEAR INSURANCE INC. BRADEN BREINHOLT 12 N SPRUCE ST ANTHONY ID 83445	S BRADEN BREINHOLT 12 N SPRUCE ST ANTHONY ID 83445
		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
PRESIDENT	S BRADEN BREINHOLT	12 N SPRUCE
City	State	Country
ST ANTHONY	ID	USA
Postal Code	83445	
5. Organized Under the Laws of:  <b>ID</b> <b>C 186934</b>	6. Annual Report must be signed.* Signature: S Braden Breinholt Name (type or print): S Braden Breinholt Date: 02/09/2012 Title: President	
Processed 02/09/2012 * Electronically provided signatures are accepted as original signatures.		