

No. C 202368		Due no later than Jun 30, 2018 <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>		1. Mailing Address: Correct in this box if needed.  NORTHWEST INDEMNITY LTD. STEVEN L Rice P.O. BOX 66 Harrison Id 83833 USA		STEPHEN L RICE 21060 S SHANGRI LA LANE HARRISON ID 83833			
						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	STEVEN L RICE	P.O. BOX 66	HARRISON	ID	83833		
5. Organized Under the Laws of:  <b>AZ C 202368</b>		6. Annual Report must be signed.*  Signature: Steve Rice Name (type or print): Steve Rice  Date: 04/30/2018 Title: Member					
Processed 04/30/2018 * Electronically provided signatures are accepted as original signatures.							