

No. <b>C 103235</b>	<b>Due no later than Sep 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>  SWEET INSURANCE, INCORPORATED DIANA M SWEET 421 WASHINGTON ST N TWIN FALLS ID 83301		DIANA M SWEET 421 WASHINGTON ST N TWIN FALLS ID 83301			
			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	DIANA M SWEET	492 ORCHARD DR W	TWIN FALLS	ID	USA	83301
SECRETARY	CARL H SWEET	492 ORCHARD DR W	TWIN FALLS	ID	USA	83301
5. Organized Under the Laws of:  <b>ID</b> <b>C 103235</b>	6. Annual Report must be signed.* Signature: Diana M Sweet Name (type or print): Diana M Sweet		Date: 07/26/2012 Title: President			
Processed 07/26/2012		* Electronically provided signatures are accepted as original signatures.				