

No. C 109212

Due no later than January 31, 2009

## Annual Report Form

2. Registered Agent and Office **NO PO BOX**

Return to:

SECRETARY OF STATE  
450 NORTH FOURTH STREET  
PO BOX 83720  
BOISE, ID 83720-0080

1. Mailing Address - Correct in this box, if applicable

TIM JENESON INSURANCE AGENCY, INC.  
TIM JENESON  
PO BOX 477  
KETCHUM, ID 83340

TIM JENESON  
540 FIRST AVE NORTH STE 202  
KETCHUM, ID 83340

**NO FILING FEE IF  
RECEIVED BY DUE DATE**

3. New Registered Agent Signature

4. Corporations: Enter Names and Business Addresses of President, Secretary and Directors.

Office heldNameStreet or P.O. AddressCityStateZip

Pres. Tim Jenson 214 Sweetbriar Hailay ID 87333

Secretary Nancy Jenson 214 Sweetbriar Hailay ID 83333

Director Tim Jenson 214 Sweetbriar Hailay ID 83333

Director Nancy Jenson 214 Sweetbriar Hailay ID 83333

5. Organized Under the Laws of:

IDAHO  
C 109212

6.

Signature

Date

1-1-09

Name (Typed or Printed)

Tim Jenson

Title

Pres.

Issued 11/05/2008

Do Not Tape or Staple

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