No. **C 131815**	**Due no later than Dec 31, 2017** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** DAVIES INSURANCE SERVICES, INC. MICHAEL A DAVIES 450 W STATE ST STE 125 EAGLE ID 83616	MICHAEL A DAVIES 450 W STATE ST STE 125 EAGLE ID 83616 3. New 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
SECRETARY	ANGELA D DAVIES	450 W STATE ST, STE 125	EAGLE	ID	USA	83616
PRESIDENT	MICHAEL A DAVIES	450 W STATE ST, STE. 125	EAGLE	ID	USA	83616

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 131815**	Signature: Angela Davies	Date: 11/01/2017
	Name (type or print): Angela Davies	Title: Secretary

Processed 11/01/2017

* Electronically provided signatures are accepted as original signatures.