No. C 142862		Due no later than Mar 31, 2011 Annual Report Form 1. Mailing Address: Correct in this box if needed. MYERS INSURANCE SERVICES, INC. MICHAEL L MYERS 25 N 3202 E IDAHO FALLS ID 83401		2. Registered Agent and Address (NO PO BOX)				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080				MICHAEL L MYERS 25 N 3202 E IDAHO FALLS ID 83401 3. New Registered Agent Signature:*				
								NO FILING FEE IF RECEIVED BY DUE DATE
4. Corporations: Enter Name	es and Busin	ess Addresses of I	President, Secretary, and Directors. Tr	easurer (optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	MICHAEL L	MYERS	25 N. 3202 E		IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Michael L. Myers			Date: 01/14/2011			
C 142862		Name (type or print): Michael L. Myers			Title: President			
Processed 01/14/2011 * Electronically provided signatures are accepted as original signatures.								