

1.) CORPORATION NAME:

DUE DATE: **10/31/2012**

Barlocker Insurance Agency, Inc.

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

SCC ID NO: **F1565276**

**CT CORPORATION SYSTEM
4701 COX RD STE 301
GLEN ALLEN, VA 23060-6802**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	1,000,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

CA

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 216 S 200 W

CITY/ST/ZIP: Cedar City, UT 84720

7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.

<p>NAME: ERIC O LEAVITT TITLE: CHAIRMAN ADDRESS: 216 S 200 W CITY/ST/ZIP/CO: CEDAR CITY, UT 84720</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: WILLIAM BARLOCKER TITLE: VICE PRESIDENT ADDRESS: 470 E. HERNDON AVE. CITY/ST/ZIP/CO: FRESNO, CA 93720</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: FREDERICK STAFFORD TITLE: VICE PRESIDENT ADDRESS: 1330 S. BASCOM AVE. CITY/ST/ZIP/CO: SAN JOSE, CA 95128</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: MARK G KENNEY TITLE: SECRETARY ADDRESS: 44 W. HARDING AVE. CITY/ST/ZIP/CO: CEDAR CITY, UT 84720</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: GREG GATES TITLE: TREASURER ADDRESS: 2059 N DISCOVERY WAY CITY/ST/ZIP/CO: CASA GRANDE, AZ 85222</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: DANE O LEAVITT TITLE: DIRECTOR ADDRESS: 216 S 200 W CITY/ST/ZIP/CO: CEDAR CITY, UT 84720</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME:	VANCE K SMITH	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	PRESIDENT		
ADDRESS:	216 S 200 W		
CITY/ST/ZIP/CO:	CEDAR CITY, UT 84720		

I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.

/s/ MARK G KENNEY	MARK G KENNEY, SECRETARY	9/12/2012
SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	PRINTED NAME AND CORPORATE TITLE	DATE

It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.