

1.) CORPORATION NAME:

BEEHIVE INSURANCE AGENCY, INC.

DUE DATE: **11/30/2011**

SCC ID NO: **F1807967**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: **B.E.**

AUTH IN VI

INCorp SERVICES INC

7288 HANOVER GREEN DR

MECHANICSVILLE, VA 23111

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HANOVER COUNTY

4.) STATE OR COUNTRY OF INCORPORATION:

UT

6.) PRINCIPAL OFFICE ADDRESS:

ADDRESS: 302 WEST 5400 SOUTH #101

CITY/ST/ZIP: MURRAY, UT 84107-

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.

NAME: W DOUGLAS SNOW
TITLE: PRESIDENT
ADDRESS: 302 WEST 5400 SOUTH #101
CITY/ST/ZIP/CO: MURRAY, UT 84057-

OFFICER

DIRECTOR

NAME: WILFORD W CLYDE
TITLE: DIRECTOR
ADDRESS: 730 NORTH 1500 WEST
CITY/ST/ZIP/CO: OREM, UT 84057-

OFFICER

DIRECTOR

NAME: RICHARD C CLYDE
TITLE: DIRECTOR
ADDRESS: 730 NORTH 1500 WEST
CITY/ST/ZIP/CO: OREM, UT 84057-

OFFICER

DIRECTOR

NAME: DAVID O COOK
TITLE: DIRECTOR
ADDRESS: 730 NORTH 1500 WEST
CITY/ST/ZIP/CO: OREM, UT 84057-

OFFICER

DIRECTOR

NAME: NORMAN D CLYDE
TITLE: DIRECTOR
ADDRESS: 730 NORTH 1500 WEST
CITY/ST/ZIP/CO: OREM, UT 84057-

OFFICER

DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	HAL M CLYDE DIRECTOR 730 NORTH 1500 WEST OREM, UT 84057-	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DON C MCGEE TREASURER 730 NORTH 1500 WEST OREM, UT 84057-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	RHYS WEAVER VICE PRESIDENT 730 NORTH 1500 WEST OREM, UT 84057-	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KYLE STANDIFIRD ASST SECRETARY 730 NORTH 1500 WEST OREM, UT 84057-	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
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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.

<u>/s/ DON C MCGEE</u>	<u>DON C MCGEE, TREASURER</u>	<u>11/9/2011</u>
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.