

1.) CORPORATION NAME:

BEEHIVE INSURANCE AGENCY, INC.

DUE DATE: **11/30/2014**

2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS:

**C T CORPORATION SYSTEM
4701 COX ROAD, SUITE 285
GLEN ALLEN, VA**

SCC ID NO: **F1807967**

5.) STOCK INFORMATION

CLASS	AUTHORIZED
COMMON	50,000

3.) CITY OR COUNTY OF VA REGISTERED OFFICE:

HENRICO 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.

<p>NAME: W DOUGLAS SNOW TITLE: PRESIDENT ADDRESS: 302 WEST 5400 SOUTH #101 CITY/ST/ZIP/CO: MURRAY, UT 84057</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RHYS WEAVER TITLE: VICE PRESIDENT ADDRESS: 730 NORTH 1500 WEST CITY/ST/ZIP/CO: OREM, UT 84057</p>	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: DON C MCGEE TITLE: TREASURER ADDRESS: 730 NORTH 1500 WEST CITY/ST/ZIP/CO: OREM, UT 84057</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: HOWARD WATTS TITLE: SECRETARY ADDRESS: 730 NORTH 1500 WEST CITY/ST/ZIP/CO: OREM, UT 84057</p>	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
<p>NAME: WILFORD W CLYDE TITLE: DIRECTOR ADDRESS: 730 NORTH 1500 WEST CITY/ST/ZIP/CO: OREM, UT 84057</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
<p>NAME: RICHARD C CLYDE TITLE: DIRECTOR ADDRESS: 730 NORTH 1500 WEST CITY/ST/ZIP/CO: OREM, UT 84057</p>	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	NORMAN D CLYDE DIRECTOR 730 NORTH 1500 WEST OREM, UT 84057	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DAVID O COOK DIRECTOR 730 NORTH 1500 WEST OREM, UT 84057	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CAROL ANN LARSON DIRECTOR 730 NORTH 1500 WEST OREM, UT 84057	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
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/ HOWARD WATTS SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	HOWARD WATTS, SECRETARY PRINTED NAME AND CORPORATE TITLE	10/30/2014 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.			