No. **C 179515**	**Due no later than Jul 31, 2014** **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.** GARY LOUIE INSURANCE AGENCY, INC. GARY L LOUIE PO BOX 216 HAYDEN ID 83835	GARY LOUIE 157 W HAYDEN AVE STE 101 HAYDEN ID 83835 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
PRESIDENT	GARY L LOUIE	11348 N TRAFALGAR ST	HAYDEN LAKE	ID	USA	83835-8383

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 179515**	Signature: Gary Louie Name (type or print): Gary Louie	Date: 07/01/2014 Title: President

Processed 07/01/2014

* Electronically provided signatures are accepted as original signatures.