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|--|-------------------|--|--------|---|------------------|-------------|
| No. C 64374 | | Due no later than Jul 31, 2013 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. PROCORP, INC. JOSEPH PROKSCH 823 UNION AVE. SALMON ID 83467 | | JOSEPH PROKSCH 823 UNION AVE. SALMON ID 83467 | | |
| | | | | 3. <u>New</u> 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 |
| DIRECTOR | ODETTE PROKSCH | 819 UNION AVE. | SALMON | ID | USA | 83467 |
| DIRECTOR | HALLIE H. PROKSCH | 823 UNION AVE. | SALMON | ID | USA | 83467 |
| DIRECTOR | JOSEPH A. PROKSCH | 823 UNION AVE. | SALMON | ID | USA | 83467 |
| SECRETARY | HALLIE H. PROKSCH | 823 UNION AVE. | SALMON | ID | USA | 83467 |
| PRESIDENT | JOSEPH A. PROKSCH | 823 UNION AVE. | SALMON | ID | USA | 83467 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | |
| ID C 64374 | | Signature: Joseph A. Proksch | | | Date: 06/17/2013 | |
| | | Name (type or print): Joseph A. Proksch | | | Title: President | |
| Processed 06/17/2013 | | * Electronically provided signatures are accepted as original signatures. | | | | |