

No. C 179515		Due no later than Jul 31, 2018 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		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			
NO FILING FEE IF RECEIVED BY DUE DATE				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
PRESIDENT	GARY L LOUIE	11348 N TRAFALGAR ST		HAYDEN LAKE	ID	USA	83835-8383
5. Organized Under the Laws of: ID C 179515		6. Annual Report must be signed.* Signature: Gary Louie Name (type or print): Gary Louie Date: 07/06/2018 Title: President					
Processed 07/06/2018 * Electronically provided signatures are accepted as original signatures.							