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|--------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|--------------------------------------------------|---------|------------------|--|----------------------------------------------------|--|
| No. <b>C 184280</b>                                                                                                                                    |              | <b>Due no later than Aug 31, 2012</b>                                                                                                                                    |         | <b>Annual Report Form</b>                        |         |                  |  | 2. Registered Agent and Address <b>(NO PO BOX)</b> |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |              | <b>1. Mailing Address: Correct in this box if needed.</b><br>RIM ROCK INSURANCE AGENCY INC.<br>JEANINE BUNN<br>118 WEST MAIN ST<br>PO BOX 110<br>WENDELL ID 83355<br>USA |         | JEANINE BUNN<br>540 E. AVE A<br>WENDELL ID 83355 |         |                  |  |                                                    |  |
|                                                                                                                                                        |              |                                                                                                                                                                          |         | 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                                                                                                                                              | JEANINE BUNN | 540 EAST AVE A                                                                                                                                                           | WENDELL | ID                                               | USA     | 83355            |  |                                                    |  |
| 5. Organized Under the Laws of:                                                                                                                        |              | 6. Annual Report must be signed.*                                                                                                                                        |         |                                                  |         |                  |  |                                                    |  |
| <b>ID<br/>C 184280</b>                                                                                                                                 |              | Signature: Jeanine Bunn                                                                                                                                                  |         |                                                  |         | Date: 06/14/2012 |  |                                                    |  |
|                                                                                                                                                        |              | Name (type or print): Jeanine Bunn                                                                                                                                       |         |                                                  |         | Title: President |  |                                                    |  |
| Processed 06/14/2012                                                                                                                                   |              | * Electronically provided signatures are accepted as original signatures.                                                                                                |         |                                                  |         |                  |  |                                                    |  |