| No. <b>C 157127</b>   |                          | Due no later than Oct 31, 2012  | 2. Registered Age  | 2. Registered Agent and Address (NO PO BOX) |            |                |  |
|---|--------------------------|---|--|---|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080                               |                          | Annual Report Form  1. Mailing Address: Correct in this box if needed.  BRIAN GOETZ INSURANCE AGENCY, INC.  BRIAN R GOETZ  840 W KATHLEEN AVE  COEUR D ALENE ID 83815 | BRIAN GOETZ 840 W KATHLEEN AVE COEUR D'ALENE ID 83815  3. New Registered Agent Signature:* |   |            |                |  |
| NO FILING FEE IF RECEIVED BY DUE DATE   |                          | USA   | ( ii )   |   |            |                |  |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional). |                          |   |  |   |            |                |  |
| Office Held Nar   |                          | Street or PO Address  | City   | State                                       | Country    | Postal Code    |  |
|   | AN R GOETZ<br>ENDA R GOE |   | COEUR D'ALENE<br>COEUR D'ALENE   | ID<br>ID                                    | USA<br>USA | 83815<br>83815 |  |
| 5. Organized Under the Laws of:   |                          | 6. Annual Report must be signed.*   |  |   |            |                |  |
| ID  |                          | Signature: Brian Goetz  | D  | Date: 10/22/2012                            |            |                |  |
| C 157127  |                          | Name (type or print): Brian Goetz   | Title: President   |   |            |                |  |
| Processed 10/22/2012  | * E                      | * Electronically provided signatures are accepted as original signatures.   |  |   |            |                |  |