

|  |                 |   |           |   |         |             |  |
|--|-----------------|---|-----------|---|---------|-------------|--|
| No. <b>W 86302</b>   |                 | <b>Due no later than Aug 31, 2011</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>MARC JOHNSON INSURANCE AGENCY, LLC<br>MARC L JOHNSON<br>190 W BURNSIDE AVE STE A<br>CHUBBUCK ID 83202<br>USA |           | MARC JOHNSON<br>1651 MELANIE CIRCLE<br>POCATELLO ID 83201 |         |             |  |
|  |                 |   |           | 3. <u>New</u> Registered Agent Signature:*                |         |             |  |
| 4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.   |                 |   |           |   |         |             |  |
| Office Held  | Name            | Street or PO Address  | City      | State   | Country | Postal Code |  |
| MEMBER   | MARIE T JOHNSON | 1651 MELANIE CIRCLE   | POCATELLO | ID  | USA     | 83201       |  |
| MANAGER  | MARC L JOHNSON  | 1651 MELANIE CIRCLE   | POCATELLO | ID  | USA     | 83201       |  |
| 5. Organized Under the Laws of:<br><br><b>ID<br/>W 86302</b>   |                 | 6. Annual Report must be signed.*<br>Signature: Marc Johnson<br>Name (type or print): Marc Johnson  |           |   |         |             |  |
|  |                 | Date: 06/13/2011<br>Title: Manager  |           |   |         |             |  |
| Processed 06/13/2011   |                 | * Electronically provided signatures are accepted as original signatures.   |           |   |         |             |  |