No. <b>C 111741</b>		Due no later than Aug 31, 2010	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.  ADVOCATE INSURANCE SERVICE INC.  GARTH D WEME  506 ALDER ST  SANDPOINT ID 83864	GARTH WEME 515 COMEBACK BAY LN SAGLE ID 83860  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE  4. Corporations: Enter Names and Busine		ess Addresses of President, Secretary, and Directors. Treasurer	(optional)			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	GARTH WEM	E 301 1/2 FIRST AVE	SANDPOINT	ID	USA	83864
5. Organized Under the Laws of:  ID  C 111741		6. Annual Report must be signed.* Signature: Garth D. Weme Name (type or print): Garth D. Weme	Date: 06/14/2010 Title: President			
Processed 06/14/2010	* Electronically provided signatures are accepted as original sign	natures.				