

|  |              |  |         |  |         |  |  |
|--|--------------|--|---------|--|---------|--|--|
| No. C 191347   |              | Due no later than Jun 30, 2018<br><b>Annual Report Form</b>  |         | 2. Registered Agent and Address ( <b>NO PO BOX</b> ) |         |  |  |
| Return to:<br><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> |              | 1. Mailing Address: <b>Correct in this box if needed.</b><br><br>RON ROTHERT INSURANCE INC.<br>ADAM ROTHERT<br>PO BOX 13099<br>PORTLAND OR 97213 |         | DON DETERS<br>2200 S ORCHARD ST<br>BOISE ID 83705    |         |  |  |
|  |              |  |         |  |         | 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                                |  |
| TREASURER  | SHANNON WARD | PO BOX 13099   | PORLAND | OR   | USA     | 97213                                      |  |
| PRESIDENT  | ADAM ROTHERT | PO BOX 13099   | PORLAND | OR   | USA     | 97213                                      |  |
| SECRETARY  | PAUL ROTHERT | PO BOX 13099   | PORLAND | OR   | USA     | 97213                                      |  |
| 5. Organized Under the Laws of:<br><br><b>OR</b><br><b>C 191347</b>  |              | 6. Annual Report must be signed.*<br><br>Signature: Adam Rothert<br>Name (type or print): Adam Rothert   |         |  |         |  |  |
|  |              | Date: 04/23/2018<br>Title: President   |         |  |         |  |  |
| Processed 04/23/2018   |              | * Electronically provided signatures are accepted as original signatures.  |         |  |         |  |  |