No. **C 111741**	**Due no later than Aug 31, 2017** **Annual Report Form**	2. Registered Agent and Address **(NO PO BOX)**
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 **NO FILING FEE IF RECEIVED BY DUE DATE**	**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:*

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	GARTH WEME	506 ALDER STREET	SANDPOINT	ID	USA	83864

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 111741**	Signature: GD Weme	Date: 06/20/2017
	Name (type or print): GD Weme	Title: President

Processed 06/20/2017

* Electronically provided signatures are accepted as original signatures.