

No. C 111741		Due no later than Aug 31, 2009 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 WEME 506 ALDER ST SANDPOINT ID 83864		GARTH WEME 515 COMEBACK LN SAGLE ID 83860			
				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	
DIRECTOR	GARTH WEME	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: Michelle Marker Name (type or print): Michelle Marker					
		Date: 06/11/2009 Title: Bookkeeper					
Processed 06/11/2009		* Electronically provided signatures are accepted as original signatures.					