

Annual Report Form
Due No Later Than November 30, 1998

Return to:
 SECRETARY OF STATE
 700 WEST JEFFERSON
 PO BOX 83720
 BOISE, ID 83720-0080

NO FEE REQUIRED

*** FIRST NOTICE ***

1. Mailing Address - Please Correct, If Not Correct

JOHN S. LANGS INSURANCE AGEN

PO BOX 877

BONNERS FERRY ID 83805

2. Registered Agent and Office **NOT A P.O. BOX**

JOHN S. LANGS
107 EAST KOOTENAI ST

BONNERS FERR ID 83805

3. Organized Under the Laws of:

ID C 59793

4. Corporations: Enter Names and Business Addresses of **President, Secretary and Directors**
 Limited Liability Companies: Enter Names and Addresses of ☐ Managers or ☒ Members (check one)

Office held

Name

Street or P.O. Address

City

State

Zip

President

JOHN LANGS

P.O. Box 877,

Bonnors Ferry Id 83805

VP Sec

Rebecca Langs

P.O. Box 877,

Bonnors Ferry Id 83805

Director

JOHN LANGS

P.O. Box 877,

Bonnors Ferry Id 83805

Director

Rebecca Langs

P.O. Box 877,

Bonnors Ferry Id 83805

Director

OLIVIA LANGS

P.O. Box 877,

Bonnors Ferry Id 83805

5. Signature of New Registered Agent

6.

Signature

[Signature]

Date

7-17-98

Name (Typed or Printed)

JOHN LANGS

Title

Pres

ISSUED: 07-03-1998

DO NOT TAPE OR STAPLE

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