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|--|----------------|---|---------------|---|---------|------------------|--|
| No. C 59793 | | Due no later than Nov 30, 2011 | | 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. JOHN S. LANGS INSURANCE AGENCY, INC. JOHN S LANGS PO BOX 877 BONNERS FERRY ID 83805 | | JOHN S LANGS 6387 KOOTENAI ST BONNERS FERRY ID 83805-0877 | | | |
| | | | | 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 | JOHN S LANGS | 6387 KOOTENAI ST | BONNERS FERRY | ID | USA | 83805 | |
| DIRECTOR | OLIVIA B LANGS | 6387 KOOTENAI ST | BONNERS FERRY | ID | USA | 83805 | |
| DIRECTOR | JOHN LANGS | 6387 KOOTENAI ST | BONNERS FERRY | ID | USA | 83805 | |
| SECRETARY | OLIVIA B LANGS | 6387 KOOTENAI ST | BONNERS FERRY | ID | USA | 83805 | |
| PRESIDENT | JOHN S LANGS | 6387 KOOTENAI ST | BONNERS FERRY | ID | USA | 83805 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| ID C 59793 | | Signature: John S Langs | | | | Date: 11/23/2011 | |
| | | Name (type or print): John S Langs | | | | Title: President | |
| Processed 11/23/2011 | | * Electronically provided signatures are accepted as original signatures. | | | | | |