No. <b>C 189430</b>		Due no later than Dec 31, 2016		2. Registered	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			BRADLEY D SHOWERS 5615 FRANKLIN RD BOISE ID 83706  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  LIFE SPECIALISTS INC.  BRADLEY D SHOWERS  PO BOX 1592  BOISE ID 83701		BOISE ID				
NO FILING FEE IF RECEIVED BY DUE DATE		DOIDE ID 03	, 01		J	J		
4. Corporations: Enter Nam	nes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
TREASURER	JRER BRAD SHOWERS		5615 FRANKLIN RD 5615 FRANKLIN 5615 FRANKLIN RD	BOISE BOISE BOISE	ID ID ID	USA USA USA	83705 83705 83705	
5. Organized Under the Laws of:  ID  C 189430		6. Annual Report must be signed.* Signature: Brad Showers Name (type or print): Brad Showers			Date: 11/			
Processed 11/01/2016 * Electronically provided signatures are accepted as original signatures.								