No. **W 27828**	**Due no later than Jan 31, 2010** **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.** ANDERSON INSURANCE L.L.C. ROBERT ANDERSON 610 S HASKETT MOUNTAIN HOME ID 83647 USA	ROBERT C ANDERSON III 610 S HASKETT MOUNTAIN HOME ID 83647 3. New Registered Agent Signature:*

4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.

Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	ROBERT C ANDERSON III	572 VICTORIA DR	BOISE	ID	USA	83705

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **W 27828**	Signature: Robert Anderson	Date: 12/16/2009
	Name (type or print): Robert Anderson	Title: Manager

Processed 12/16/2009

* Electronically provided signatures are accepted as original signatures.