

No. <b>W 27828</b>	Due no later than January 31, 2008 <b>Annual Report Form</b>		2. Registered Agent and Office <b>NO PO BOX</b>
Return to: <b>SECRETARY OF STATE 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080</b>  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	1. Mailing Address - Correct in this box, if applicable		<b>ROBERT C ANDERSON III 610 S HASKETT MOUNTAIN HOME, ID 83647</b>
	<b>ANDERSON INSURANCE L.L.C. 610 S HASKETT MOUNTAIN HOME, ID 83647</b>		3. <u>New</u> Registered Agent Signature

4. Limited Liability Companies: Enter Names and Addresses of Managers.

<u>Office held</u>	<u>Name</u>	<u>Street or P.O. Address</u>	<u>City</u>	<u>State</u>	<u>Zip</u>
Manager/ owner	Robert C Anderson III	610 S HASKETT	MOUNTAIN HOME	ID	83647

5. Organized Under the Laws of:  
**IDAHO  
W 27828**

6. Signature Rob Anderson Date 11-8-07  
Name (Typed or Printed) Rob Anderson Title Manager/owner