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|--|----------------|---|------------|--|---------|-------------|--|
| No. C 145952 | | Due no later than Oct 31, 2016 | | 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 | | Annual Report Form 1. Mailing Address: Correct in this box if needed. SOUTHERN IDAHO ASSOCIATION OF HEALTH UNDERWRITERS, INC. DAVID V WILCOX 195 RIVER VISTA PLACE STE 206 TWIN FALLS ID 83301 | | CHRIS STEVENSON 1162 EASTLAND N #2 TWIN FALLS ID 83301 | | | |
| | | | | 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 | DAVID V WILCOX | 195 RIVER VISTA PL STE 206 | TWIN FALLS | ID | USA | 83301 | |
| PRESIDENT | CHELSEA LYDA | 1150 EASTLAND DR N | TWIN FALLS | ID | USA | 83301 | |
| VICE PRESIDENT | GUY STUBBS | 112 SOUTH LINCOLN AVE | JEROME | ID | USA | 83338 | |
| SECRETARY | COLBY FIALA | 195 RIVER VISTA PL STE 206 | TWIN FALLS | ID | USA | 83301 | |
| 5. Organized Under the Laws of: ID C 145952 | | 6. Annual Report must be signed.* Signature: David Wilcox Name (type or print): David Wilcox Date: 08/30/2016 Title: Treasurer | | | | | |
| Processed 08/30/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |