No. <b>C 152995</b>		Due no later than Feb 28, 2009			2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		JOHN OLSEN				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  JOHN OLSEN INSURANCE AND FINANCIAL SERVICES, INC  JOHN D OLSEN  2411 S BEAR CLAW WAY  MERIDIAN ID 83642		c	2411 S BEAR CLAW WAY MERIDIAN ID 83642  3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treas	urer (	optional).			
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
PRESIDENT	AMANDA L	OLSEN	2073 S BEARTOOTH WAY		MERIDIAN	ID	USA	83642
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Amanda Olsen			Date: 01/21/2009			
C 152995		Name (type or print): Amanda Olsen			Title: President			
Processed 01/21/2009 * Electronically provided signatures are accepted as original signatures.								