

No. <b>W 27828</b>	Due no later than January 31, 2009 <b>Annual Report Form</b>	2. Registered Agent and Office <b>NO PO BOX</b>
Return to: <b>SECRETARY OF STATE</b> 450 NORTH FOURTH STREET PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		1. Mailing Address - Correct in this box, if applicable  ANDERSON INSURANCE L.L.C. 610 S HASKETT MOUNTAIN HOME, ID 83647

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	Robert Anderson	610 S. HASKETT	mountain home	ID	83647

5. Organized Under the Laws of:  IDAHO W 27828	6. Signature <u>Rob Anderson</u> Date <u>11-25-08</u>  Name (Typed or Printed) <u>Rob Anderson</u> Title <u>manager/owner</u>
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