

No. <b>W 27828</b>		<b>Due no later than Jan 31, 2013</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  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. <u>New</u> 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.*					
<b>ID W 27828</b>		Signature: Robert Anderson				Date: 11/07/2012	
		Name (type or print): Robert Anderson				Title: Manager	
Processed 11/07/2012		* Electronically provided signatures are accepted as original signatures.					