

No. <b>C 154501</b>		<b>Due no later than May 31, 2009</b> <b>Annual Report Form</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>1. Mailing Address: Correct in this box if needed.</b>  ANDERSON LIFE & HEALTH AGENCY, INC. 3456 E 17TH ST STE 140 IDAHO FALLS ID 83406		JEFFREY ANDERSON 3946 JORDAN CIRCLE IDAHO FALLS ID 83406			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	
PRESIDENT	JEFFERY ANDERSON	3946 JORDAN CIRCLE	IDAHO FALLS	ID	USA	83406	
SECRETARY	JEFFERY ANDERSON	3946 JORDAN CIRCLE	IDAHO FALLS	ID	USA	83406	
DIRECTOR	JEFFERY ANDERSON	3946 JORDAN CIRCLE	IDAHO FALLS	ID	USA	83406	
5. Organized Under the Laws of:  <b>ID</b> <b>C 154501</b>		6. Annual Report must be signed.*  Signature: Robert Crandall Name (type or print): Robert Crandall  Date: 04/23/2009 Title: Attorney					
Processed 04/23/2009		* Electronically provided signatures are accepted as original signatures.					