No. C 0145952		Due no later than Oct 31, 2012 Annual Report Form 1. Mailing Address: Correct in this box if needed. SOUTHERN IDAHO ASSOCIATION OF HEALTH UNDERWRITERS, INC. BRENDA L TRAVELLER 1150 EASTLAND N TWIN FALLS ID 83301		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	SOUTHERN UNDERWRI BRENDA L 1150 EASTI			CHRIS STEVENSON 1162 EASTLAND N #2 TWIN FALLS ID 83301 3. New Registered Agent Signature:*			
4. Corporations: Enter Names and	Business Addresses	of President, Secretary, and Directors. Treas	urer (optional).				
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
	LEE PULLIN TRAVELLER	1150 EASTLAND DR N 1150 EASTLAND DR N	TWIN FALLS TWIN FALLS	ID ID	USA USA	83301 83301	
5. Organized Under the Laws of: 6. Annua		ort must be signed.*					
ID Signature: I		Brenda Traveller	Date: 09/06/2012				
C 0145952	Name (type	Name (type or print): Brenda Traveller			Title: President		
Processed 09/06/2012	* Electronically	* Electronically provided signatures are accepted as original signatures.					