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|--|------------------|--|-------|--|---------|-------------|
| No. C 175230 | | Due no later than Sep 30, 2009 | | 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 RECEIVED BY DUE DATE | | Annual Report Form 1. Mailing Address: Correct in this box if needed. IDAHO HOMEOWNER EDUCATION & LOSS PREVENTION, INC SHELLEY B ANDRUS 228 E PLAZA ST STE B217 EAGLE ID 83616 USA | | JASON ANDRUS 3103 WHITEPOST WAY EAGLE ID 83616 | | |
| | | | | 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 |
| TREASURER | JASON M ANDRUS | 228 E PLAZA ST. SUITE B217 | EAGLE | ID | USA | 83616-8361 |
| PRESIDENT | SHELLEY B ANDRUS | 228 E PLAZA ST. SUITE B217 | Eagle | ID | USA | 83616-8361 |
| 5. Organized Under the Laws of: ID C 175230 | | 6. Annual Report must be signed.* Signature: Shelley B Andrus Name (type or print): Shelley B Andrus Date: 07/29/2009 Title: President | | | | |
| Processed 07/29/2009 | | * Electronically provided signatures are accepted as original signatures. | | | | |