No. C 154501		Annual Report Form		2. Registered Ag	2. Registered Agent and Address (NO PO BOX) JEFFREY ANDERSON 1805 SAGE HEN LN IDAHO FALLS ID 83401			
Return to:								
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	EST JEFFERSON X 83720		1. Mailing Address: Correct in this box if needed. ANDERSON LIFE & HEALTH AGENCY, INC. JEFF ANDERSON PO BOX 50203					
		IDAHO FALLS ID 83405 3. New Registered Agent S		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Corporations: Enter Names	and Busin	ess Addresses of	President, Secretary, and Directors. Treasu	urer (optional).				
Office Held Na	me		Street or PO Address	City	State	Country	Postal Code	
PRESIDENT JEF	RESIDENT JEFFREY ANI		1805 SAGE HEN LN	IDAHO FALLS	ID	USA	83401	
SECRETARY JEF	FREY AN	DERSON	1805 SAGE HEN LN	IDAHO FALLS	ID	USA	83401	
DIRECTOR JEF	JEFFREY ANDERSON		1805 SAGE HEN LN	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Je		Date: 03/24/2017				
C 154501		Name (type		Title: President				
Processed 03/24/2017 * Electronically provided signatures are accepted as original signatures.								