No. **C 170074**	**Due no later than Nov 30, 2008** **Annual Report Form**	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**	**1. Mailing Address: Correct in this box if needed.** CAN-ADA FAMILY INSURANCE INC LARRY R CRAWFORD 2377 W VALLI HI RD EAGLE ID 83616-2400	EVAN JIMMERSON 11490 W CREEKRAPIDS STAR ID 83669-2400 3. New 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	LARRY R CRAWFORD	2377 W VALLI HI RD	EAGLE	ID	USA	83616-2400

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 170074**	Signature: Larry R Crawford	Date: 09/16/2008
	Name (type or print): Larry R Crawford	Title: Pres

Processed 09/16/2008

* Electronically provided signatures are accepted as original signatures.