

No. C 94831 Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	Due no later than Mar 31, 2010 Annual Report Form 1. Mailing Address: Correct in this box if needed. HELP INSURANCE, INC. H DEAN SUMMERS PO BOX 579 BOISE ID 83701 USA	2. Registered Agent and Office (NOT A P.O. BOX) H DEAN SUMMERS 4355 EMERALD #250 345 Babwhite BOISE ID 83701 Suite 230 <i>H Dean Summers</i> 3. New Registered Agent Signature.																					
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer. <table border="1"> <thead> <tr> <th>Office Held</th> <th>Name</th> <th>Street or PO Address</th> <th>City</th> <th>State</th> <th>Country</th> <th>Postal Code</th> </tr> </thead> <tbody> <tr> <td>Pres</td> <td>H. DEAN SUMMERS</td> <td>P.O. Box 579</td> <td>BOISE</td> <td>ID</td> <td>ADA</td> <td>83701</td> </tr> <tr> <td colspan="7">all officers</td> </tr> </tbody> </table>			Office Held	Name	Street or PO Address	City	State	Country	Postal Code	Pres	H. DEAN SUMMERS	P.O. Box 579	BOISE	ID	ADA	83701	all officers						
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5. Organized Under the Laws of: IDAHO C 94831	6. <table border="1"> <tr> <td>Signature: <i>H Dean Summers</i></td> <td>Date: <i>1-15-2010</i></td> </tr> <tr> <td>Name (type or print): <i>H. DEAN SUMMERS</i></td> <td>Title: <i>Pres</i></td> </tr> </table>		Signature: <i>H Dean Summers</i>	Date: <i>1-15-2010</i>	Name (type or print): <i>H. DEAN SUMMERS</i>	Title: <i>Pres</i>																	
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