

No. C 94831	Due no later than Mar 31, 2010 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) H DEAN SUMMERS 4355 EMERALD #250 345 Babylone BOISE ID 83706 Suite 230 <i>H Dean Summers</i>	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HELP INSURANCE, INC. H DEAN SUMMERS PO BOX 579 BOISE ID 83701 USA		3. New Registered Agent Signature.	
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.				
Office Held	Name	Street or PO Address	City	State Country Postal Code
President	H DEAN SUMMERS	P.O. Box 579	BOISE	ID ADA 83701
<i>all offices</i>				
5. Organized Under the Laws of: IDAHO C 94831	6. Signature: <i>H Dean Summers</i> Date: 1-15-2010 Name (type or print): <i>H DEAN SUMMERS</i> Title: <i>pres</i>			
Issued 01/12/2010 by KAH		201003001216		

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM