

FILED EFFECTIVE

No. C 145952	Reinstatement Annual Report Form ADMIN DISSOLVED 01/05/2010		2. Registered Agent and Office (NOT A P.O. BOX) CHRIS STEVENSON 1162 EASTLAND N #2 TWIN FALLS ID 83301	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 REINSTATEMENT FEE DUE: \$30.00	1. Mailing Address: Correct in this box if needed. SOUTHERN IDAHO ASSOCIATION OF HEALTH UNDERWRITERS, INC. 1162 EASTLAND N #2 TWIN FALLS ID 83301		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
PRES	ANDY LYDA	450 FALLS	TWIN FALLS ID	83301
VP	LORI BERGMA	2612 E 4125N	FILER ID	83328
TRES	CHRIS STEVENSON	PO BOX 5694	TWIN FALLS ID	83303
5. Organized Under the Laws of: IDAHO C 145952		6. Signature:  Date: 4/7/10 Name (type or print): CHRIS STEVENSON Title: TRES		
Issued 04/07/2010 by KAH				