

No. C 175230	Due no later than Sep 30, 2016 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. IDAHO HOMEOWNER EDUCATION & LOSS PREVENTION, INC SHELLEY B ANDRUS PO BOX 6 UCON ID 83454		JASON ANDRUS 10965 N 40TH EAST IDAHO FALLS ID 83401			
			3. <u>New</u> 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
TREASURER	JASON M ANDRUS	10965 N 40TH EAST	IDAHO FALLS	ID	USA	83401
PRESIDENT	SHELLEY B ANDRUS	10965 N 40TH EAST	IDAHO FALLS	ID	USA	83401
5. Organized Under the Laws of: ID C 175230	6. Annual Report must be signed.* Signature: Shelley Andrus Name (type or print): Shelley Andrus		Date: 11/26/2016 Title: President			
Processed 11/26/2016		* Electronically provided signatures are accepted as original signatures.				