

No. <b>C 175230</b>		<b>Due no later than Sep 30, 2012</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  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:  <b>ID</b> <b>C 175230</b>		6. Annual Report must be signed.*  Signature: Shelley Andrus Name (type or print): Shelley Andrus					
		Date: 09/07/2012 Title: President					
Processed 09/07/2012		* Electronically provided signatures are accepted as original signatures.					