

No. C 154502		Due no later than May 31, 2014 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. ANDERSON HEALTH SERVICES, INC. KENNETH ANDERSON PO BOX 50203 IDAHO FALLS ID 83405		KENNETH ANDERSON 3642 GROVE LN IDAHO FALLS ID 83404			
						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	
PRESIDENT	KENNETH ANDERSON	3642 GROVE LN	IDAHO FALLS	ID	USA	83404	
SECRETARY	CHERYL ANDERSON	3642 GROVE LN	IDAHO FALLS	ID	USA	83404	
DIRECTOR	KENNETH ANDERSON	3642 GROVE LN	IDAHO FALLS	ID	USA	83404	
DIRECTOR	CHERYL ANDERSON ANDERSON	3642 GROVE LN	IDAHO FALLS	ID	USA	83404	
5. Organized Under the Laws of: ID C 154502		6. Annual Report must be signed.* Signature: Kenneth Anderson Name (type or print): Kenneth Anderson					
		Date: 03/21/2014 Title: President					
Processed 03/21/2014		* Electronically provided signatures are accepted as original signatures.					