

No. C 154501		Due no later than May 31, 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. ANDERSON LIFE & HEALTH AGENCY, INC. JEFF ANDERSON PO BOX 50203 IDAHO FALLS ID 83405		JEFFREY ANDERSON 1805 SAGE HEN LN 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	
PRESIDENT	JEFFREY ANDERSON	1805 SAGE HEN LN	IDAHO FALLS	ID	USA	83401	
SECRETARY	JEFFREY ANDERSON	1805 SAGE HEN LN	IDAHO FALLS	ID	USA	83401	
DIRECTOR	JEFFREY ANDERSON	1805 SAGE HEN LN	IDAHO FALLS	ID	USA	83401	
5. Organized Under the Laws of: ID C 154501		6. Annual Report must be signed.* Signature: Jeffrey Anderson Name (type or print): Jeffrey Anderson					
		Date: 03/24/2016 Title: President					
Processed 03/24/2016 * Electronically provided signatures are accepted as original signatures.							