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| 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. | | | | | |