

No. <b>C 103819</b>		<b>Due no later than Oct 31, 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>  CLAIMS MANAGEMENT, INC. 702 SW 8TH STREET BENTONVILLE AR 72716 USA		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA			
						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	K. KOONCE	702 SW 8TH STREET	BENTONVILLE	AR	USA	72716	
DIRECTOR	DAVID STILLS	702 SW 8TH STREET	BENTONVILLE	AR	USA	72716	
SECRETARY	KIM HOLLIDAY	702 SW 8TH STREET	BENTONVILLE	AR	USA	72716	
TREASURER	KIM A HOLLIDAY	702 SW 8TH STREET	BENTONVILLE	AR	USA	72716	
5. Organized Under the Laws of:  <b>AR</b> <b>C 103819</b>		6. Annual Report must be signed.*  Signature: Kelly Lettmann Name (type or print): Kelly Lettmann					
		Date: 09/11/2012 Title: Poa					
Processed 09/11/2012		* Electronically provided signatures are accepted as original signatures.					