

No. <b>C 103819</b>		<b>Due no later than Oct 31, 2007</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. PAT ROE 702 SW 8TH ST MAIL STOP #0555 BENTONVILLE AR 72716-0555		C T CORPORATION SYSTEM 300 NORTH 6TH STREET BOISE ID 83702			
						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	MAX KOUNCE	702 SW 8TH STREET	BENTONVILLE	AR	USA	72716	
DIRECTOR	MAX KOUNCE	702 SW 8TH STREET	BENTONVILLE	AR	USA	72716	
SECRETARY	KIMBERLY 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: Max Kounce Name (type or print): Max Kounce					
		Date: 08/15/2007 Title: President					
Processed 08/15/2007      * Electronically provided signatures are accepted as original signatures.							