

No. C 77091		Due no later than Oct 31, 2011 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. ROCKY MOUNTAIN CLAIM SERVICE, INC KORDON F WRAY PO BOX 986 BLACKFOOT ID 83221 USA		J L CRAIG 180 N BROADWAY BLACKFOOT ID 83221			
				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	KORDON F WRAY	PO BOX 986	BLACKFOOT	ID	USA	83222	
5. Organized Under the Laws of: ID C 77091		6. Annual Report must be signed.* Signature: Jeffrey Clark Name (type or print): Jeffrey Clark					
		Date: 08/10/2011 Title: Cpa					
Processed 08/10/2011		* Electronically provided signatures are accepted as original signatures.					