No. C 189823		Due no later than Jan 31, 2012 2. Registered Agent and Address (N			ldress (NO F	PO BOX)
Return to:		Annual Report Form		LEON ARAVE 435 N HANSON SHELLEY ID 83274 3. New Registered Agent Signature:*		
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SELECT MOTORCYCLE FAMILY, INC. (THE) LEON ARAVE 435 N HANSON SHELLEY ID 83274	SHELLEY ID			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter Na	ames and Busine	ess Addresses of President, Secretary, and Directors. Treasure	r (optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR DIRECTOR	BRENDA ARA MIKE HILLMA		SHELLEY IDAHO FALLS	ID ID	USA USA	83274 83404
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
ID C 189823		Signature: Leon Arave	Date: 02/08/2012			
		Name (type or print): Leon Arave	Title: President			
Processed 02/08/2012	3	* Electronically provided signatures are accepted as original signal	gnatures.			