

No. C 170134		Due no later than Nov 30, 2017 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. SPECIALTY MANAGEMENT SERVICES, INC. EDWARD LEAVITT 4323 PIONEER RD HOMEDALE ID 83628 USA		EDWARD J LEAVITT 4323 PIONEER RD HOMEDALE ID 83628			
						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	EDWARD LEAVITT	4323 PIONEER RD.	HOMEDALE	ID	USA	83628	
5. Organized Under the Laws of: ID C 170134		6. Annual Report must be signed.* Signature: Edward Leavitt Name (type or print): Edward Leavitt					
		Date: 11/30/2017 Title: President					
Processed 11/30/2017 * Electronically provided signatures are accepted as original signatures.							