No. <b>C 185409</b>		Du	2. Registered A	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			PHILLP D JACOBS			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.  ADJUSTERS MANAGEMENT SERVICES, INC. PHILLIP D JACOBS 5491 N CHOPIN AVE MERIDIAN ID 83646-4719			5491 N CHOPIN AVE MERIDIAN ID 83646-4719			
				3. <u>New</u> Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
4. Corporations: Enter Na	mes and Busin	ess Addresses of	President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
SECRETARY PRESIDENT	LONNY L HYTREK PHILLIP D JACOBS		2880 SW 4TH AVE, SUITE 1 5491 N CHOPIN AVE	ONTARIO MERIDIAN	OR ID	USA USA	97914 83646-4719	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Ph		Date: 10/08/2010				
C 185409		Name (type o		Title: President				
Processed 10/08/2010 * Electronically provided signatures are accepted as original signatures.								