No. W 135887			Due no later than Mar 31, 2017 Annual Report Form 1. Mailing Address: Correct in this box if needed. SELKIRK CLAIM SERVICES, LLC BRETT KIRKING 723 S ITHACA ST POST FALLS ID 83854		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		SELKIRK C BRETT KII 723 S ITH/			BRETT KIRKING 723 S ITHACA ST POST FALLS ID 83854 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE 4. Limited Liability Companies: Enter Nar			esses of at least one Member or Manager.				<u></u>	
Office Held	Name		Street or PO Address		City	State	Country	Postal Code
MEMBER	1EMBER BRETT KIRK		723 S ITHACA ST		POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 135887		Signature:	6. Annual Report must be signed.* Signature: Brett Kirking Name (type or print): Brett Kirking Title: Member					
Processed 03/29/2017 * Electronically provided signatures are accepted as original signatures.								