

No. <b>C 103819</b>	<b>Due no later than Oct 31, 2015</b> <b>Annual Report Form</b>	2. Registered Agent and Address <b>(NO PO BOX)</b>				
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> CLAIMS MANAGEMENT, INC. 922 W WALNUT ST ROGERS AR 72756 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705				
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).		3. <u>New</u> Registered Agent Signature:*				
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
TREASURER	KIM HOLLIDAY	922 W WALNUT ST	ROGERS	AR	USA	72756
SECRETARY	KIM HOLLIDAY	922 W WALNUT ST	ROGERS	AR	USA	72756
DIRECTOR	DAVID STILLS	922 W WALNUT ST	ROGERS	AR	USA	72756
PRESIDENT	K. "MAX" KOONCE	922 W WALNUT ST	ROGERS	AR	USA	72756
VICE PRESIDENT	J. COUNCILL LEAK	922 W WALNUT ST	ROGERS	AR	USA	72756
5. Organized Under the Laws of:  <b>AR C 103819</b>	6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann		Date: 09/09/2015 Title: POA			
Processed 09/09/2015		* Electronically provided signatures are accepted as original signatures.				