No. **C 68354**	**Due no later than Nov 30, 2015**	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**	**Annual Report Form** **1. Mailing Address: Correct in this box if needed.** CLAIM STAKERS, INC. JOHN E. RUSSELL P. O. BOX 945 MCCALL ID 83638	JOHN E RUSSELL 702 WEST LAKESIDE MCCALL ID 83638 3. New 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
TREASURER	CALON N RUSSELL	1223 NW 20TH	PORTLAND	OR	USA	97209
SECRETARY	JAN C HAMILTON	P.O.BOX 2104	MCCALL	ID	USA	83638

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 68354**	Signature: John Russell	Date: 11/24/2015
	Name (type or print): John Russell	Title: President

Processed 11/24/2015

* Electronically provided signatures are accepted as original signatures.