

No. W 174026	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. CLAIM CONSULTANTS USA, LLC LAWRENCE A TIERNAN PO BOX 140196 BOISE ID 83714 USA	LAWRENCE A TIERNAN 5593 N CATTAIL WAY BOISE ID 83714	
		3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.			
Office Held	Name	Street or PO Address	City State Country Postal Code
MEMBER	LAWRENCE A TIERNAN	5593 N CATTAIL WAY	BOISE ID USA 83714
5. Organized Under the Laws of: ID W 174026	6. Annual Report must be signed.* Signature: Lawrence A. Tiernan Name (type or print): Lawrence A. Tiernan		Date: 12/17/2017 Title: Member
Processed 12/17/2017		* Electronically provided signatures are accepted as original signatures.	