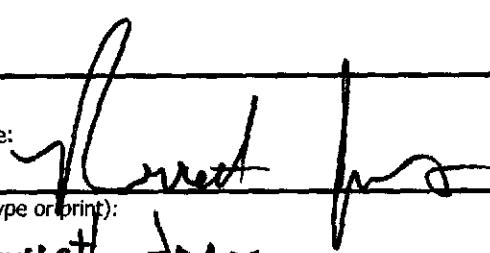


No. W 177571		Due no later than Feb 28, 2018 Annual Report Form		2. Registered Agent and Office <b>(NOT A P.O. BOX)</b> BARRETT JONES 4032 N CROFT PL EAGLE ID 83716	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CPO CLAIMS CONSULTATION LLC BARRETT JONES 4032 N CROFT PL EAGLE ID 83716		83616	
NO FILING FEE IF RECEIVED BY DUE DATE				3. New Registered Agent Signature.	
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member	Name	Street or PO Address	City	State	Country
Manager <input type="checkbox"/> Member <input checked="" type="checkbox"/>	Barrett Jones	4032 N. Croft Plz	Eagle	ID	USA
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
Manager <input type="checkbox"/> Member <input type="checkbox"/>					
5. Organized Under the Laws of:  IDAHO W 177571		6. Signature:  Name (type or print):			
		 Barrett Jones			
		Date: <u>2/25/2018</u> Title: <u>Member</u>			
Issued 02/25/2018 by online					
106170					