No. **C 170134**	**Due no later than Nov 30, 2010** **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.** SPECIALTY MANAGEMENT SERVICES, INC. EDWARD LEAVITT 4323 PIONEER RD HOMEDALE ID 83628 USA	EDWARD J LEAVITT 4323 PIONEER RD HOMEDALE ID 83628 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
PRESIDENT	EDWARD LEAVITT	4323 PIONEER RD.	HOMEDALE	ID	USA	83628

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ID **C 170134**	Signature: Vicki Case Name (type or print): Vicki Case	Date: 09/17/2010 Title: Office Manager

Processed 09/17/2010 * Electronically provided signatures are accepted as original signatures.