

No. <b>C 68354</b>		<b>Due no later than Nov 30, 2017</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>  CLAIM STAKERS, INC. JOHN E. RUSSELL P. O. BOX 945 MCCALL ID 83638		JOHN E RUSSELL 702 WEST LAKESIDE MCCALL ID 83638			
						3. <u>New</u> 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	PORLAND	OR	USA	97209	
SECRETARY	JAN C HAMILTON	P.O.BOX 2104	MCCALL	ID	USA	83638	
5. Organized Under the Laws of:  <b>ID</b> <b>C 68354</b>		6. Annual Report must be signed.*  Signature: John Russell Name (type or print): John Russell  Date: 11/27/2017 Title: President					
Processed 11/27/2017 * Electronically provided signatures are accepted as original signatures.							