

No. C 77091	Due no later than Oct 31, 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. ROCKY MOUNTAIN CLAIM SERVICE, INC JEFFREY D CLARK PO BOX 986 BLACKFOOT ID 83221-0986	J L CRAIG 49 WEST JUDICIAL STREET BLACKFOOT ID 83221
		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
PRESIDENT	KORDON F WRAY	PO BOX 178
City	State	Country
BLACKFOOT	ID	USA
Postal Code	83222	
5. Organized Under the Laws of: ID C 77091	6. Annual Report must be signed.* Signature: Jeffrey Clark Name (type or print): Jeffrey Clark Date: 08/22/2017 Title: CPA	
Processed 08/22/2017 * Electronically provided signatures are accepted as original signatures.		