

No. W 135887	Due no later than Mar 31, 2018 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. SELKIRK CLAIM SERVICES, LLC BRETT KIRKING 723 S ITHACA ST POST FALLS ID 83854		BRETT KIRKING 723 S ITHACA ST POST FALLS ID 83854			
			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	BRETT KIRKING	723 S ITHACA ST	POST FALLS	ID	USA	83854
5. Organized Under the Laws of: ID W 135887		6. Annual Report must be signed.* Signature: Brett Kirking Name (type or print): Brett Kirking		Date: 04/18/2018 Title: Member		
Processed 04/18/2018		* Electronically provided signatures are accepted as original signatures.				