

No. C 142760		Due no later than Feb 29, 2012 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) ROBERT D LEWIS 1423 TYRELL LN BOISE ID 83706		
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. SELWAY INSTITUTE, INC. MAURICE G HORNOCKER 40 HERONWOOD LN PO BOX 929 BELLEVUE ID 83313		3. <u>New Registered Agent Signature.</u>		
4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors and (optional) Treasurer.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRES.	MAURICE HORNOCKER	PO Box 929	BELLEVUE ID	PA	US	83313
DIRECTOR	HOWARD HASH	522 AIRPORT RD	STEVENSVILLE MT	US	59870	
DIRECTOR	STEVE PETERSON	4777 RIVER RD	JUNEAU AK	US	99801	
SECY	LESLIE HORNOCKER	PO Box 929	BELLEVUE ID	US	83313	
5. Organized Under the Laws of: IDAHO C 142760		6. Signature: <u>Maurice Hornocker</u> Date: 12-15-11 Name (type or print): <u>MAURICE HORNOCKER</u> Title: <u>PRES.</u>				
Issued 12/12/2011 by KAH		106014				

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. **Note:** To ensure future mailings, the corrected address **must be inside Block 1.**