

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</u> Registered Agent Signature.		
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 BLANE	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> Name (type or print): <u>MAURICE HORNOCKER</u>			Date: <u>12-15-11</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.