No. C 103819	Due no later than October 31, 2005	2. Registered Agent and Office NO PO BOX
No. 6 103619	Annual Report Form	C T CORPORATION SYSTEM
Return to:	1. Mailing Address - Correct in this box, if applicable	300 NORTH 6TH STREET
SECRETARY OF STATE	CLAIMS MANAGEMENT, INC.	BOISE, ID 83702
700 WEST JEFFERSON PO BOX 83720	702 SW 8TH ST	
BOISE, ID 83720-0080	DEPT 8013 MAIL STOP 0555 BENTONVILLE, AR 72716 0555	3. New Registered Agent Signature
	BENTONVILLE	0. <u>1404</u> 110g/0.000
NO FILING FEE IF		
RECEIVED BY DUE DATE	es and Business Addresses of President, Secreta	ary and Directors.
4 Corporations: Enter Nam	Otrest or B.O. Address	City <u>State</u> <u>Zip</u>
Office held Name	Street or P.O. Address	In ille AR 72716
Prozident Markos	street or P.O. Address nce, 10250 8 Street, Ber Carollo, 10250 8 Street, Ben	atowille, The Talle
(LEDIDOLO) Lio la 14e	Street Que	10.211 AR 72716
s atom Paula 1	(arollo, 102 Sw 0-31.651, 50n	140,001118
secretary, number	Sills, 102 SW8 Street, Ber	120 11 AR 72716
7 11 N	Sile 100 SW8 Street, De	ntoworks, the
Director, David U.	Jilly, 102 C	
ı		
5. Organized Under the Laws of:	6. Signature Paula L. Cara Name (Typed or Paula L. Cara	elo- Date 9/9/05
5. Organized Orider the Laws on ARKANSAS	Signature Faula J. Cara	eco Date _// //
C 103819	Typed of Pa la L. Care	(10 Title JP, Treysurer
0 1000.0	Name grinted 1/114	
(Trains Times	200510002633