

No. W 94244		Due no later than Jun 30, 2017		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. FALVEY INSURANCE SERVICES, LLC SHEILA M SPRINGER 66 WHITECAP DRIVE NORTH KINGSTOWN RI 02852 USA		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83705	
				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	JOHN M FALVEY	601 MONTGOMERY STREET SUITE 52	SAN FRANCISCO	CA	USA 94111
5. Organized Under the Laws of: DE W 94244		6. Annual Report must be signed.* Signature: John M Falvey Name (type or print): John M Falvey Date: 06/27/2017 Title: Member			
Processed 06/27/2017		* Electronically provided signatures are accepted as original signatures.			