

No. <b>W 118266</b>	<b>Due no later than Oct 31, 2016</b> <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b> US ADMINISTRATOR CLAIMS, LLC ROBERT AROWOOD 800 OAK RIDGE TPKE STE A1000 OAK RIDGE TN 37830		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
			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	WILLIAM M AROWOOD	800 OAK RIDGE TURNPIKE SUITE A-1000	OAK RIDGE	TN	USA	37830
MEMBER	ROBERT J AROWOOD	800 OAK RIDGE TURNPIKE SUITE A-1000	OAK RIDGE	TN	USA	37830
5. Organized Under the Laws of:  <b>GA</b> <b>W 118266</b>	6. Annual Report must be signed.* Signature: ROBERT AROWOOD Name (type or print): ROBERT AROWOOD		Date: 09/22/2016 Title: MEMBER			
Processed 09/22/2016		* Electronically provided signatures are accepted as original signatures.				