

No. <b>W 113566</b>		<b>Due no later than Apr 30, 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>1. Mailing Address: Correct in this box if needed.</b>  DEPOSIT CHOICE LLC C/O MONICA VOLK RLI INSURANCE 9025 N LINDBERGH DR PEORIA IL 61615 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name TIMOTHY J FORTNER	Street or PO Address 220 GERRY DRIVE		City WOOD DALE	State IL	Country USA	Postal Code 60191
5. Organized Under the Laws of:  <b>IL</b> <b>W 113566</b>		6. Annual Report must be signed.*  Signature: Timothy J. Fortner Name (type or print): Timothy J. Fortner  Date: 02/23/2016 Title: Manager					
Processed 02/23/2016 * Electronically provided signatures are accepted as original signatures.							