No. C 196734		Due no later than Dec 31, 2016		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE	1 Mailie	Annual Report Form		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	SQUARETE BRAD SNY 360 3RD S	1. Mailing Address: Correct in this box if needed. SQUARETRADE INSURANCE SERVICES, INC. BRAD SNYDER 360 3RD STREET, 6TH FLOOR SAN FRANCISCO CA 94107 USA		BOISE ID 83713 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).							
Office Held Nam	e	Street or PO Address	City	State	Country	Postal Code	
Transcription and Committee an) SNYDER EDULLA KHAISHGI	360 3RD STREET, 6TH FLOOR 360 3RD STREET, 6TH FLOOR	SAN FRANCISCO SAN FRANCISCO		USA USA	94107 94107	
5. Organized Under the Laws of	: 6. Annual Re	6. Annual Report must be signed.*					
DE	Signature	Signature: BRAD SNYDER Date: 12/09/2016					
C 196734	Name (typ	Name (type or print): BRAD SNYDER		Title: SECRETARY			
Processed 12/09/2016	* Electronical	* Electronically provided signatures are accepted as original signatures.					