No. W 81825		Due no later than Feb 28, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. PRO FINANCIAL SERVICES, LLC DARLENE A. HRANKAJ 500 W. MADISON STREET SUITE 2710 CHICAGO IL 60661					
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability C	Companies: Enter Nai	mes and Addresses of at	least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
Manager Manager	BRETT SCHI EVAN A. MI			NEW YORK NEW YORK	NY NY	USA USA	10173 10173
MANAGER	EDWARD O'	MALLEY		AUSTIN	TX	USA	78746
5. Organized Under the Laws of:		6. Annual Report must I	pe signed.*				
IL W 81825		Signature: Brett Schneider		Date: 02/08/2017			
		Name (type or print):	Title: Manager				
Processed 02/08/20	017	* Electronically provided	signatures are accepted as original signa	tures.		•	•