


No. C 197410	Due no later than Feb 28, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. HOWDEN INSURANCE SERVICES, INC. TRACY KEILL 3745 CHEROKEE ST STE 701 KENNESAW GA 30144 1100 5TH Avenue South, Suite 301 Naples FL 34102		3. <u>New</u> Registered Agent Signature.

4. Corporations: Enter Names and Business Addresses of President, Secretary, Directors, Treasurer, Vice Pres.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
Director	Justin Tweedie	1100 5th Aves Suite 301	Naples	FL	USA	34102	
Director	Tracy Keill	"	"	"	"	"	
	Justin Tweedie	"	"	"	"	"	
President	Tracy Keill	"	"	"	"	"	
Secretary	Tracy Keill	"	"	"	"	"	
Treasurer	Tracy Keill	"	"	"	"	"	

5. Organized Under the Laws of: <div style="text-align: center;"> NEW JERSEY C 197410 </div>	6. <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> Signature:  Name (type or print): Controller: DeChelle Summers </div> <div> Date: 2/13/17 Title: Controller </div> </div>
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INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM