| No. <b>J 1497</b>   |  | Due no later than Sep 30, 2016  |  | 2. Registered A          | 2. Registered Agent and Address (NO PO BOX)   |            |                |  |
|---|--|---|--|--------------------------|---|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 |  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  WIPFLI LLP EDWARD L SCHULTZ 3703 OAKWOOD HILLS PKWY EAU CLAIRE WI 54701 |  | 921 S ORCH<br>BOISE ID   | NATIONAL CORPORATE RESEARCH LT 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:* |            |                |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Partnerships: Enter Na  |  | amos and Rusinoss Adv   | traccas of two (2) or more partners                |                          |   |            |                |  |
| Office Held   | Name   | arries and business Add   | Street or PO Address                               | City                     | State   | Country    | Postal Code    |  |
| PARTNER<br>PARTNER  | MARK O FAANES<br>JEFF KOWIESKI   |   | 3703 OAKWOOD HILLS PKWY<br>3703 OAKWOOD HILLS PKWY | EAU CLAIRE<br>EAU CLAIRE | WI<br>WI  | USA<br>USA | 54701<br>54701 |  |
| 5. Organized Under the Laws of:   |  | 6. Annual Report must be signed.*   |  |                          |   |            |                |  |
| WI<br>J 1497  |  | Signature: Edward Schultz   |  | Date: 08/04/20           | Date: 08/04/2016  |            |                |  |
|   |  | Name (type or print): Edward Schultz  |  | Title: Director          | Title: Director of Quality Assurance  |            |                |  |
| Processed 08/04/2016  | ocessed 08/04/2016 * Electronically provided signatures are accepted as original signatures. |   |  |                          |   |            |                |  |