

|  |                |  |  |  |             |                |                      |
|--|----------------|--|--|--|-------------|----------------|----------------------|
| No. <b>W 117114</b>  |                | <b>Due no later than Sep 30, 2016</b><br><b>Annual Report Form</b>   |  | 2. Registered Agent and Address ( <b>NO PO BOX</b> )               |             |                |                      |
| Return to:<br><br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080 |                | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>AMERICAN RISK SERVICES, LLC<br>ROBERT RUSSELL<br>1130 CONGRESS AVE<br>CINCINNATI OH 45246 |  | INCORP SERVICES, INC.<br>1524 S VISTA AVE STE 12<br>BOISE ID 83705 |             |                |                      |
| <b>NO FILING FEE IF<br/>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<br>MEMBER  | Name<br>ROBERT | Street or PO Address<br>75 E. FOUNTAIN   |  | City<br>GLENDALE   | State<br>OH | Country<br>USA | Postal Code<br>45246 |
| 5. Organized Under the Laws of:<br><br><b>ID</b><br><b>W 117114</b>                                |                | 6. Annual Report must be signed.*<br><br>Signature: Jim Edmonds<br>Name (type or print): Jim Edmonds<br><br>Date: 08/18/2016<br>Title: Claims Supervisor   |  |  |             |                |                      |
| Processed 08/18/2016 * Electronically provided signatures are accepted as original signatures.     |                |  |  |  |             |                |                      |