

No. W 95059		Due no later than Jul 31, 2014		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 1. Mailing Address: Correct in this box if needed. TALASCEND, LLC 5700 CROOKS ROAD SUITE 450 TROY MI 48098		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	BRUCE SHOLK	5700 CROOKS ROAD SUITE 450	TROY	MI	USA	48098	
MANAGER	MAUREEN WOOD	5700 CROOKS ROAD SUITE 450	TROY	MI	USA	48098	
MANAGER	RON WOOD	5700 CROOKS ROAD SUITE 450	TROY	MI	USA	48098	
5. Organized Under the Laws of: DE W 95059		6. Annual Report must be signed.* Signature: Michelle Donato Name (type or print): Michelle Donato Date: 06/06/2014 Title: Poa					
Processed 06/06/2014		* Electronically provided signatures are accepted as original signatures.					