No. W 95481		Due no later than Aug 31, 2013	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	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*				
		VHA WEST COAST INSURANCE AND FINANCIAL SERVI LLC DENICE LINTON					
		1600 LIND AVENUE SW SUITE 280 RENTON WA 98057					
4. Limited Liability Compar	nies: Enter Nar	mes and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address		City	State	Country	Postal Code
MANAGER JOHN THOMAS		AS 2201 LIND AVENUE SW, SUITE 2	260	RENTON	WA	USA	98057
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 95481		Signature: John Thomas Date: 07/15/2013					
		Name (type or print): John Thomas	Title: Manager				
Processed 07/15/2013 * Electronically provided signatures are accepted as original signatures.							