

|  |                    |   |               |  |         |             |  |
|--|--------------------|---|---------------|--|---------|-------------|--|
| No. <b>W 125989</b>  |                    | <b>Due no later than Jun 30, 2017</b>   |               | 2. Registered Agent and Address <b>(NO PO BOX)</b>                 |         |             |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                    | <b>1. Mailing Address: Correct in this box if needed.</b><br>NATIONALLINK VALUATIONS, LLC<br>APRIL JOHNSON<br>601 RIVERSIDE AVENUE<br>JACKSONVILLE FL 32204 |               | C T CORPORATION SYSTEM<br>921 S ORCHARD ST STE G<br>BOISE ID 83705 |         |             |  |
|  |                    |   |               | 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 |  |
| MEMBER   | NATIONAL LINK L.P. | 300 CORPORATE CENTER DRIVE SUITE 300  | MOON TOWNSHIP | PA   | USA     | 15108       |  |
| 5. Organized Under the Laws of:<br><br><b>DE<br/>W 125989</b>  |                    | 6. Annual Report must be signed.*<br>Signature: Kathleen Krol<br>Name (type or print): Kathleen Krol<br>Date: 06/07/2017<br>Title: President                |               |  |         |             |  |
| Processed 06/07/2017   |                    | * Electronically provided signatures are accepted as original signatures.   |               |  |         |             |  |