No. W 42336		Due no later than Aug 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. AMBROSE EMPLOYER GROUP, LLC 199 WATER STREET SUITE 2800 NEW YORK NY 10038 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:*			
4. Limited Liability Compa	nies: Enter Na	mes and Addresses	of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MEMBER MEMBER MEMBER	GREGORY L. BURTON M. WILLIAM PC	GOLDFIELD	199 WATER STREET SUITE 2800 199 WATER STREET SUITE 2800 199 WATER STREET SUITE 2800	NEW YORK NEW YORK NEW YORK	NY NY NY	USA USA USA	10038 10038 10038
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
NY W 42336		Signature: Collin Name (type or p	Date: 06/30/2014 Title: Poa				
Processed 06/30/2014		* Electronically provided signatures are accepted as original signatures.					