No. W 105044		Due no later than Jul 31, 2018		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. NMC FRANCHISING, L.L.C. ANDREA MCCANN 2124 UNIVERSITY AVE. W. SAINT PAUL MN 55114		N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
NO FILING FEE IF		USA						
RECEIVED BY DUE DATE								
4. Limited Liability Compa	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	CRAIG FLOM		10350 BREN ROAD WEST	MINNETONKA	MN	USA	55343	
MANAGER SITA MORAN			2124 UNIVERSITY AVE W	SAINT PAUL	MN	USA	55114	
MANAGER GUY C MINGO		60	2124 UNIVERSITY AVE W	SAINT PAUL	MN	USA	55114	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 105044		Signature: Guy Mingo		D	Date: 06/21/2018			
		Name (type or print): Guy Mingo		Т	Title: Manager			
Processed 06/21/2018	* Electronically provided signatures are accepted as original signatures.							