

No. <b>W 162253</b>		<b>Due no later than Feb 28, 2018</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  FREED MAXICK ABL SERVICES, LLC 424 MAIN ST STE 800 BUFFALO NY 14202		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MEMBER	Name FREED MAXICK CPAS PC	Street or PO Address 424 MAIN STREET SUITE 800		City BUFFALO	State NY	Country USA	Postal Code 14202
5. Organized Under the Laws of:  <b>NY</b> <b>W 162253</b>		6. Annual Report must be signed.*  Signature: Joseph Volpe Name (type or print): Joseph Volpe  Date: 12/26/2017 Title: CFO					
Processed 12/26/2017 * Electronically provided signatures are accepted as original signatures.							