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|--------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------|----------------------------------------------------|---------|-----------------------------|--|
| No. <b>W 141617</b>                                                                                                                                    |             | <b>Due no later than Aug 31, 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><br>GARDA INSURANCE, LLC<br>GARDA INSURANCE LLC<br>PO BOX 581519<br>SALT LAKE CITY UT 84158 |                | BILL DEAL<br>700 W STATE ST FL 3<br>BOISE ID 83702 |         |                             |  |
|                                                                                                                                                        |             |                                                                                                                                                          |                | 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                 |  |
| MANAGER                                                                                                                                                | DALE CLARKE | 90 SOUTH 400 WEST SUITE 100                                                                                                                              | SALT LAKE CITY | UT                                                 | USA     | 84101                       |  |
| MANAGER                                                                                                                                                | RYAN O'SHEA | 90 SOUTH 400 WEST SUITE 100                                                                                                                              | SALT LAKE CITY | UT                                                 | USA     | 84101                       |  |
| 5. Organized Under the Laws of:                                                                                                                        |             | 6. Annual Report must be signed.*                                                                                                                        |                |                                                    |         |                             |  |
| <b>UT<br/>W 141617</b>                                                                                                                                 |             | Signature: Karen Lewis                                                                                                                                   |                |                                                    |         | Date: 08/01/2017            |  |
|                                                                                                                                                        |             | Name (type or print): Karen Lewis                                                                                                                        |                |                                                    |         | Title: Office Administrator |  |
| Processed 08/01/2017                                                                                                                                   |             | * Electronically provided signatures are accepted as original signatures.                                                                                |                |                                                    |         |                             |  |