

No. <b>W 123996</b>	<b>Due no later than Apr 30, 2016</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>NO FILING FEE IF RECEIVED BY DUE DATE</b>	<b>1. Mailing Address: Correct in this box if needed.</b>		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
	ALTA RISK, LLC 13220 METCALF, SUITE 370 OVERLAND PARK KS 66213 USA		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	SCOTT M. PURVIANCE	4725 PIEDMONT ROW DRIVE SUITE 600	CHARLOTTE	NC	USA	28210
MANAGER	MICHAEL STEVEN DECARLO	4725 PIEDMONT ROW DRIVE SUITE 600	CHARLOTTE	NC	USA	28210
5. Organized Under the Laws of:  <b>NC W 123996</b>	6. Annual Report must be signed.*					
	Signature: Kelly Lettmann		Date: 03/27/2016			
	Name (type or print): Kelly Lettmann		Title: POA			
Processed 03/27/2016		* Electronically provided signatures are accepted as original signatures.				