





## STATE OF IDAHO

Office of the secretary of state, Phil McGrane ANNUAL REPORT

Idaho Secretary of State PO Box 83720 Boise, ID 83720-0080 (208) 334-2301 Filing Fee: \$0.00 For Office Use Only

-FILED-

File #: 0005383083

Date

Date Filed: 9/5/2023 12:33:48 PM

| Entity Name and Mailing Address:   |         |  |
|--|---------|--|
| Entity Name:   |         | 1 800 WATER DAMAGE NORTH AMERICA, LLC              |
| Foreign Name (name in home jurisdiction):  |         | 1 800 WATER DAMAGE NORTH AMERICA, LLC              |
| The file number of this entity on the records of the Idaho Secretary of State is:                        |         | 0000526153   |
| Address  |         | 185 OAKLAND AVE                                    |
|  |         | STE 150<br>BIRMINGHAM, MI 48009-3430               |
| Entity Details:  |         |  |
| Entity Status  |         | Active-Existing                                    |
| This entity is organized under the laws of:  |         | DELAWARE   |
| If applicable, the old file number of this entity on the records of<br>the Idaho Secretary of State was: |         | W173733  |
| The registered agent on record is:   |         |  |
| Registered Agent   |         | C T CORPORATION SYSTEM Commercial Registered Agent |
|  |         | Physical Address                                   |
|  |         | 1555 W SHORELINE DR                                |
|  |         | STE 100  |
|  |         | BOISE, ID 83702                                    |
|  |         | Mailing Address                                    |
|  |         | 1555 W SHORELINE DR<br>STE 100                     |
|  |         | BOISE, ID 83702                                    |
| Agent or Address Change  |         |  |
| <u> </u>   |         |  |
| Select if you are appointing a new agent.  |         |  |
| Limited Liability Company Managers and Members   |         |  |
| Name   | Title   | Business Address                                   |
| Belfor Franchise Group, LLC  | Member  | 185 OAKLAND AVE, STE 150<br>BIRMINGHAM, MI 48009   |
|  |         |  |
| The annual report must be signed by an authorized signer of the  | entity. |  |
| Job Title: Power of Attorney   |         |  |
|  |         |  |
| Mandy Hendricks  |         | 09/06/2023   |

Sign Here