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| No. C 196734 | | Due no later than Dec 31, 2017 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. SQUARETRADE INSURANCE SERVICES, INC. BRAD SNYDER 360 THIRD STREET SUITE 600 SAN FRANCISCO CA 94107-2164 USA | | CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 | | | |
| | | | | | | 3. <u>New</u> Registered Agent Signature:* | |
| 4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional). | | | | | | | |
| Office Held | Name | Street or PO Address | City | State | Country | Postal Code | |
| DIRECTOR | AHMEDULLA KHAISHGI | 360 THIRD STREET SUITE 600 | SAN FRANCISCO | CA | USA | 94107-2164 | |
| PRESIDENT | AHMEDULLA KHAISHGI | 360 THIRD STREET SUITE 600 | SAN FRANCISCO | CA | USA | 94107-2164 | |
| SECRETARY | BRAD SNYDER | 360 THIRD STREET SUITE 600 | SAN FRANCISCO | CA | USA | 94107-2164 | |
| 5. Organized Under the Laws of: DE C 196734 | | 6. Annual Report must be signed.* Signature: Brad Snyder Name (type or print): Brad Snyder | | | | | |
| | | Date: 12/20/2017 Title: Secretary | | | | | |
| Processed 12/20/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |