No. <b>W 127888</b>		Due no later than Aug 31, 2017		2. Registered Age	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.  CONSTRUCTION RISK PARTNERS, LLC JOHN J SCIORTINO		921 S ORCHA	REGISTERED AGENT SOLUTIONS INC 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE		1250 ROUTE 28 #201 CAMPUS VIEW PLAZA BRANCHBURG NJ 08876		3. <u>New</u> Registere	3. New Registered Agent Signature:*			
Office Held	Limited Liability Companies: Enter Names and Ad Office Held Name		ses of at least one Member or Manager.  Street or PO Address	City	State	Country	Postal Code	
MEMBER MEMBER MEMBER MEMBER MEMBER MEMBER	WILLIAM X JOHN J SCI ROBERT B I PETER H FO ALFRED C N	ORTINO PITTS ORENZA	1250 ROUTE 28 #201 1250 ROUTE 28 #201 1250 ROUTE 28 #201 1250 ROUTE 28 #201 1250 ROUTE 28 #201	BRANCHBURG BRANCHBURG BRANCHBURG BRANCHBURG BRANCHBURG	NJ NJ NJ NJ NJ	USA USA USA USA USA	08876 08876 08876 08876 08876	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
NI		Signature: Robyn Reiss			Date: 10/20/2017			
W 127888		Name (type or print): Robyn Reiss			Title: Secretary			
Processed 10/20/20	)17	* Electronically	provided signatures are accepted as original	l signatures.				