| No. W 173733 | Due no later than Oct 31, 2018 2. Registered Agent and Address (NO PO BOX) | | | | PO BOX) |
|--|--|-----------------|---|---------|-------------|
| Return to: | Annual Report Form | | C T CORPORATION SYSTEM | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. | | 921 S ORCHARD ST STE G BOISE ID 83705-6304 | | |
| | 1 800 WATER DAMAGE NORTH AMERICA, LLC 185 OAKLAND AVE STE 150 | BOISE ID 83 | BOISE ID 63705-6304 | | |
| | BIRMINGHAM MI 48009 | 3. New Register | 3. <u>New</u> Registered Agent Signature:* | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | |
| 4. Limited Liability Companies: Enter Na | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code |
| MEMBER BELFOR FRA | NCHISE GROUP LLC 185 OAKLAND AVE STE 150 | BIRMINGHAM | MI | USA | 48009 |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | |
| DE | Signature: Mandy Hendricks Date: 08/28/2018 | | | | |
| W 173733 | Name (type or print): Mandy Hendricks | Title: | Title: Power of Attorney | | |
| Processed 08/28/2018 | * Electronically provided signatures are accepted as original signatures. | | | | |