| No. W 170833 | | Due no later than Aug 31, 2018 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
|---|-----------------|--|------------------------------|---|-------|---------|-------------|
| Return to: | | | | 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. LTCI PARTNERS, LLC 500 W. MADISON STREET SUITE 2710 CHICAGO IL 60661 USA | | 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | | | | | |
| | | | | 3. <u>New</u> Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Compa | anies: Enter Na | mes and Addresses of at | least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER BRETT SCHNEIDER | | 340 MADISON AVENUE 20TH FLOOR | NEW YORK | NY | USA | 10173 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| WI W 170833 | | Signature: Brett Schi | Date: 07/18/2018 | | | | |
| | | Name (type or print) | Title: Manager | | | | |
| Processed 07/18/2018 | | * Electronically provided signatures are accepted as original signatures. | | | | | |