No. W 148322		Due no later than Feb 28, 2017		2. Registered Ag	2. Registered Agent and Address (NO 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 A ONE MODULAI LAURI STOLL 30170 SW OR WILSONVILLE	BOISE ID 83	921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE		USA						
200		mes and Addresse	es of at least one Member or Manager.			_		
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER	BRADLEY J	HART	30170 SW OREPAC AVENUE	WILSONVILLE	OR	USA	97070	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
OR W 148322		Signature: Lauri Stollberg		D	Date: 12/30/2016			
		Name (type or print): Lauri Stollberg		Т	Title: Risk Manager			
Processed 12/30/2016 * Electronically provided signatures are accepted as original signatures.								