

No. W 125712		Due no later than May 31, 2018 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		1. Mailing Address: Correct in this box if needed. TST INSURANCE SERVICES, LLC 1640 EAST CAPITOL AVENUE SUITE A BISMARCK ND 58501 USA		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held MANAGER	Name CRAIG GOLDADE	Street or PO Address 1640 EAST CAPITOL AVENUE SUITE A		City BISMARCK	State ND	Country USA	Postal Code 58501
5. Organized Under the Laws of: ND W 125712	6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 04/14/2018 Title: POA						
Processed 04/14/2018		* Electronically provided signatures are accepted as original signatures.					