

No. W 125712		Due no later than May 31, 2018		2. Registered Agent and Address (NO PO BOX)	
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE		Annual Report Form 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	
				3. <u>New</u> Registered Agent Signature:*	
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.					
Office Held	Name	Street or PO Address	City	State	Country Postal Code
MANAGER	CRAIG GOLDADE	1640 EAST CAPITOL AVENUE SUITE A	BISMARCK	ND	USA 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.			