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|--------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------|------------------------------------------------------------------------------|---------|------------------|--|
| No. <b>W 36993</b>                                                                                                                                     |                      | <b>Due no later than Feb 29, 2016</b>                                                                                                                    |          | 2. Registered Agent and Address <b>(NO PO BOX)</b>                           |         |                  |  |
| Return to:<br>SECRETARY OF STATE<br>700 WEST JEFFERSON<br>PO BOX 83720<br>BOISE, ID 83720-0080<br><br><b>NO FILING FEE IF<br/>RECEIVED BY DUE DATE</b> |                      | <b>1. Mailing Address: Correct in this box if needed.</b><br><br>KEANE FINANCIAL, LLC<br>PHILLIP FITZSIMMONS<br>450 7TH AVE STE 905<br>NEW YORK NY 10123 |          | CORPORATION SERVICE COMPANY<br>12550 W EXPLORER DR STE 100<br>BOISE ID 83713 |         |                  |  |
|                                                                                                                                                        |                      |                                                                                                                                                          |          | 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                                                                                                                                                | PHILLIP FITZSIMMONS  | 450 7TH AVE STE 905                                                                                                                                      | NEW YORK | NY                                                                           |         | 10123            |  |
| MANAGER                                                                                                                                                | MICHAEL J. O'DONNELL | 450 SEVENTH AVE., SUITE 1300                                                                                                                             | NEW YORK | NY                                                                           | USA     | 10123            |  |
| MANAGER                                                                                                                                                | JARRETT G. ROTH      | 450 SEVENTH AVE., SUITE 1300                                                                                                                             | NEW YORK | NY                                                                           | USA     | 10123            |  |
| 5. Organized Under the Laws of:                                                                                                                        |                      | 6. Annual Report must be signed.*                                                                                                                        |          |                                                                              |         |                  |  |
| <b>DE<br/>W 36993</b>                                                                                                                                  |                      | Signature: Michael J. O'Donnell                                                                                                                          |          |                                                                              |         | Date: 02/04/2016 |  |
|                                                                                                                                                        |                      | Name (type or print): Michael J. O'Donnell                                                                                                               |          |                                                                              |         | Title: Manager   |  |
| Processed 02/04/2016                                                                                                                                   |                      | * Electronically provided signatures are accepted as original signatures.                                                                                |          |                                                                              |         |                  |  |