

No. W 160245		Due no later than Dec 31, 2016 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. COLLECTIBLES QUALITY ASSURANCE COMPANY, LLC COLLECTIBLE QUALITY ASSURANACE COMPNAY LLC 401 E FRONT AVE STE 201 COEUR D ALENE ID 83814		JAMES M SEGO 401 E FRONT AVE STE 201 COEUR D ALENE ID 83814			
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	Name	Street or PO Address	City	State	Country	Postal Code	
MEMBER MANAGER	GARY KNAUS JAMES SEGO	401 E FRONT AVE SUITE 201 401 E FRONT AVE SUITE 201	COEUR D'ALENE COEUR D'ALENE	ID ID	USA USA	83814 83814	
5. Organized Under the Laws of: ID W 160245		6. Annual Report must be signed.* Signature: james sego Name (type or print): james sego Date: 12/27/2016 Title: managing Director					
Processed 12/27/2016 * Electronically provided signatures are accepted as original signatures.							