

No. W 155961		Due no later than Sep 30, 2017 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. HAVEN LIFE INSURANCE AGENCY, LLC 1295 STATE STREET SPRINGFIELD MA 01111		CORPORATE CREATIONS NETWORK IN 950 W BANNOCK ST #1100 BOISE ID 83702			
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
MANAGER	ELIZABETH WARD CHICARES	1295 STATE STREET		SPRINGFIELD	MA	USA	01111
MANAGER	GARETH ROSS	1295 STATE STREET		SPRINGFIELD	MA	USA	01111
MANAGER	TRICIA WALKER	1295 STATE STREET		SPRINGFIELD	MA	USA	01111
MANAGER	YARON BEN-ZVI	205 E 42ND ST 20TH FL		NEW YORK	NY	USA	10017
5. Organized Under the Laws of: DE W 155961		6. Annual Report must be signed.* Signature: Colleen Ward Name (type or print): Colleen Ward					
Processed 08/08/2017		* Electronically provided signatures are accepted as original signatures.					
Date: 08/08/2017 Title: Special Manager							