| No. W 110552 | Due no later than Jan 31, 2017 | 2. Registered Agent and Address (NO PO BOX) | | | | |
|--|---|---|--|---------|-------------|--|
| Return to: | Annual Report Form | | NATIONAL REGISTERED AGENTS INC | | | |
| SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. AGRILOGIC INSURANCE SERVICES, LLC 1000 BALLPARK WAY SUITE 314 ARLINGTON TX 76011 | BOISE ID 8 | 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | |
| 4. Limited Liability Companies: En | er Names and Addresses of at least one Member or Manager. | | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code | |
| MANAGER JOE D | AVIS 1000 BALLPARK WAY SUITE 314 | ARLINGTON | TX | USA | 76011 | |
| 5. Organized Under the Laws of: | 6. Annual Report must be signed.* | | | | | |
| TX TX | Signature: Nicole Parnell | | Date: 12/13/2016 | | | |
| W 110552 | Name (type or print): Nicole Parnell | | Title: POA | | | |
| Processed 12/13/2016 | * Electronically provided signatures are accepted as original signatures. | | | | | |