

No. W 167912	Due no later than Jun 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 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed. ALLIED PUBLIC RISK, LLC 4507 NORTH FRONT STREET SUITE 200 HARRISBURG PA 17110		PARACORP INCORPORATED 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	PAUL FULLER	4507 NORTH FRONT STREET SUITE 200	HARRISBURG	PA	USA	17110
5. Organized Under the Laws of: DE W 167912		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann Date: 05/13/2017 Title: POA				
Processed 05/13/2017		* Electronically provided signatures are accepted as original signatures.				