

No. C 190544	Due no later than Mar 31, 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. CADENCE INSURANCE BROKERS, INC. PATRICIA MCCLUSKEY 2078 SW BALATA TERRACE PALM CITY FL 34990		NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705			
			3. <u>New</u> Registered Agent Signature:*			
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors. Treasurer (optional).						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
PRESIDENT	MICHAEL MCCLUSKEY	6907 UNIVERSITY AVE STE 123	MIDDLETON	WI	USA	53562
5. Organized Under the Laws of: TN C 190544		6. Annual Report must be signed.* Signature: Michael J. McCluskey Name (type or print): Michael J. McCluskey		Date: 01/24/2017 Title: President		
Processed 01/24/2017		* Electronically provided signatures are accepted as original signatures.				