

No. <b>W 80675</b>		<b>Due no later than Jan 31, 2014</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>Annual Report Form</b>  <b>1. Mailing Address: Correct in this box if needed.</b>  AXIS INSURANCE SERVICES, LLC MIKE W SMITH 795 FRANKLIN AVENUE #206 FRANKLIN LAKES NJ 07436 USA		INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705 USA			
				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	JAVIER GONZALEZ	106 SUTTON RD	EASTON	PA	USA	18045	
MANAGER	MIKE W SMITH	159 BUTTERNUT DRIVE	WAYNE	NJ	USA	07470-4953	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
<b>DE W 80675</b>		Signature: Tim Kennedy				Date: 01/27/2014	
		Name (type or print): Tim Kennedy				Title: Accounting Manager	
Processed 01/27/2014		* Electronically provided signatures are accepted as original signatures.					