No. W 88244		Due no later than Nov 30, 2011		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CT CORPORA	CT CORPORATION SYSTEM			
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. U.S. BANCORP INSURANCE SERVICES, LLC MELISSA LARSON BC-MN-H210 800 NICOLLET MALL MINNEAPOLIS 55402		BOISE ID 8: USA	1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:*			
4. Limited Liability Compani	ies: Enter Naı	mes and Addresses	s of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
Manager William J e		BENJAMIN	800 NICOLLET MALL	MINNEAPOLIS	MN	USA	55402	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WI W 88244		Signature: Gail Van Horn			Date: 09/14/2011			
		Name (type or print): Gail Van Horn			Title: Secretary			
Processed 09/14/2011 * Electronically provided signatures are accepted as original signatures.								