

No. C 201067	Due no later than Feb 28, 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. LPS INSURANCE SERVICES, INC NICHOLAS LARSEN 307 W. 200 S. SUITE 3001 SALT LAKE CITY UT 84101		BILL DEAL 700 W STATE FLOOR 3 BOISE ID 83702-8410			
			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	NICHOLAS LARSEN	307 W. 200 S. SUITE 3001	SALT LAKE CITY	UT		84101
VICE PRESIDENT	JESICA LARSEN	307 W. 200 S. SUITE 3001	SALT LAKE CITY	UT		84101
5. Organized Under the Laws of: UT C 201067		6. Annual Report must be signed.* Signature: Jesica Larsen Name (type or print): Jesica Larsen Date: 03/17/2017 Title: VP				
Processed 03/17/2017		* Electronically provided signatures are accepted as original signatures.				