| No. W 153308 | | Due no later than Jun 30, 2017 | | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---------------------|---|--------------------------------|---|------------------|---------|-------------|
| Return to: | | Annual Report Form | | C T 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. AFFILIATE ASSET SOLUTIONS, LLC 145 TECHNOLOGY PKWY SUITE 100 PEACHTREE CORNERS GA 30092 | | 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | | DOISE ID 03/03 | | | |
| | | | | 3. New Registered Agent Signature:* | | | |
| | | | | | | | |
| 4. Limited Liability Co | ompanies: Enter Nai | mes and Addresses of at | least one Member or Manager. | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | ER DAVID A STROUT | | 145 TECHNOLOGY PARKWAY STE 100 | PEACHTREE CORNERS | GA | USA | 30092 |
| 5. Organized Under | the Laws of: | 6. Annual Report must | pe signed.* | | | | |
| DE W 153308 | | Signature: David A Strout | | | Date: 06/29/2017 | | |
| | | Name (type or print): David A Strout | | | Title: Manager | | |
| Processed 06/29/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | | |