

No. W 105044		Due no later than Jul 31, 2016		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		Annual Report Form 1. Mailing Address: Correct in this box if needed. NMC FRANCHISING, L.L.C. ANDREA MCCANN 2124 UNIVERSITY AVE. W. SAINT PAUL MN 55114		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
				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	
MANAGER	CHRISTOPHER W REID	2124 UNIVERSITY AVE W	SAINT PAUL	MN	USA	55114	
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
DE W 105044		Signature: CHRISTOPHER W. REID				Date: 07/07/2016	
		Name (type or print): CHRISTOPHER W. REID				Title: MANAGER	
Processed 07/07/2016		* Electronically provided signatures are accepted as original signatures.					