No. C 172245		Due	2. Registered A	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. WELLS FARGO SPECIAL RISKS, INC. ROBERT M GRECO 150 N MICHIGAN AVE STE 3900 CHICAGO IL 60601 USA		CORPORATI	CORPORATION SERVICE COMPANY 1401 SHORELINE DR STE 2 BOISE ID 83702 3. New Registered Agent Signature:*			
				BOISE ID				
				3. <u>New</u> Registe				
4. Corporations: Enter Nam	nes and Busin	ess Addresses of F	President, Secretary, and Directors. Treasur	er (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
	LARRY R SORENSEN ROBERT M GRECO		150 N MICHIGAN AVE STE 3900 150 N MICHIGAN AVE STE 3900	CHICAGO CHICAGO	IL IL	USA USA	60601 60601	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
IL.		Signature: Rob		Date: 01/14/2008				
C 172245		Name (type or		Title: Secretary				
Processed 01/14/2008		* Electronically pr	ovided signatures are accepted as original s	signatures.				