| No. W 51544 | Due no later than Jun 30, 2018 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|---|---|-------|---------|-------------|
| Return to: | Annual Report Form | 3H AGENT SERVICES INC | | | |
| SECRETARY OF STATE | 1. Mailing Address: Correct in this box if needed. | 1215 W HAYS BOISE ID 83702-2820 | | | |
| 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 | WSIB INSURANCE AGENCY, LLC 3H CORPORATE SERVICES LLC 6 CLEMENT AVENUE | | | | |
| | SARATOGA SPRINGS NY 12866 | 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | USA | | | | |
| 4. Limited Liability Companies: Enter Na | mes and Addresses of at least one Member or Manager. | | | | |
| Office Held Name | Street or PO Address | City | State | Country | Postal Code |
| MANAGER DAVID M H. | ATLEM 7421 CARMEL EXECUTIVE PARK DR SUITE 250 | CHARLOTTE | NC | USA | 28226 |
| | | | | | |
| 5. Organized Under the Laws of: | f: 6. Annual Report must be signed.* | | | | |
| IN | Signature: David M. Hatlem | Date: 06/05/2018 | | | |
| W 51544 | Name (type or print): David M. Hatlem | Title: Manager | | | |
| Processed 06/05/2018 | * Electronically provided signatures are accepted as original signatures. | | | | |