No. C 85221		Due	2. Registered Age	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form 1. Mailing Address: Correct in this box if needed.		004 6 00 6144	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		MICHELS CORF BRIAN P JOHN PO BOX 128	No. of Contrast Contr					
		BROWNSVILLE WI 53006-0128 USA 3. New Registered Agent Signature:*		3. <u>New</u> Registere	3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
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 PATRICK D MICHI SECRETARY BRIAN P JOHNSO			817 WEST MAIN STREET 817 WEST MAIN STREET	BROWNSVILLE BROWNSVILLE	WI WI	USA USA	53006-0128 53006-0128	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
WI C 85221		Signature: BRI		Date: 10/02/2015				
		Name (type or print): BRIAN P. JOHNSON			Title: SECRETARY			
Processed 10/02/2015 * Electronically provided signatures are accepted as original signatures.								