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| No. W 143224 | Due no later than Oct 31, 2017 Annual Report Form | | 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 | 1. Mailing Address: Correct in this box if needed. KRAEMER NORTH AMERICA, LLC PO BOX 220 PLAIN WI 53577 USA | | REGISTERED AGENT SOLUTIONS INC 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 | SCOTT W PETERSON | PO BOX 220 | PLAIN | WI | USA | 53577 |
| 5. Organized Under the Laws of: DE W 143224 | 6. Annual Report must be signed.* Signature: Alissa J Faber Name (type or print): Alissa J Faber | | Date: 10/16/2017 Title: Accounting Assistant | | | |
| Processed 10/16/2017 | | * Electronically provided signatures are accepted as original signatures. | | | | |