

No. W 38161		Due no later than Mar 31, 2015		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. BOULDER CLAIMS, LLC MATT SMITH 385 INTERLOCKEN CRESCENT SUITE 1100 BROOMFIELD CO 80021 USA		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE 83713			
				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	
MEMBER	INTERNATIONAL CATASTROPHE INSURANCE MANAGERS	385 INTERLOCKEN CRESCENT SUITE 1100	BROOMFIELD	CO	USA	80021	
5. Organized Under the Laws of: DE W 38161		6. Annual Report must be signed.* Signature: MATT SMITH Name (type or print): MATT SMITH Date: 02/19/2015 Title: ATTORNEY					
Processed 02/19/2015		* Electronically provided signatures are accepted as original signatures.					