| No. W 38161 | | Due no later than Mar 31, 2012 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 | 1. Mailing Address BOULDER CLAIMS, I 3665 DISCOVER DR | 1. Mailing Address: Correct in this box if needed. BOULDER CLAIMS, LLC 3665 DISCOVER DR., STE 301 BOULDER CO 80303 | | CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA 3. New Registered Agent Signature:* | | | |
| NO FILING FEE IF RECEIVED BY DUE DATE | | | | | | | |
| 4. Limited Liability Companies: Ente | r Names and Addresses of a | at least one Member or Manager. | | | | | |
| Office Held Name | | Street or PO Address | City | State | Country | Postal Code | |
| I MEMBER | ATIONAL CATASTROPHE NCE MANAGERS | 3665 DISCOVER DR., STE 301 | BOULDER | СО | USA | 80303 | |
| 5. Organized Under the Laws of: 6. Annual Report must be signed.* | | | | | | | |
| DE | Signature: Dareth Jeffers | | Date: 01/20/2012 | | | | |
| W 38161 | Name (type or print | Name (type or print): Dareth Jeffers | | Title: Poa | | | |
| Processed 01/20/2012 | * Electronically provide | * Electronically provided signatures are accepted as original signatures. | | | | | |