No. <b>W 172683</b>		Due no later than Oct 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720	Annual Report Form  1. Mailing Address: Correct in this box if needed.  CKS PRIME INVESTMENTS, LLC 505 INDEPENDENCE PKWY		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705				
NO FILING FEE IF RECEIVED BY DUE DATE	SUITE 300 CHESAPEAKE VA 23320		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 CDYNE CORPORATION		505 INDEPENDENCE PARKWAY SUITE 300	CHESAPEAKE	VA	USA	23320	
5. Organized Under the Laws of: 6. Annual Report must		t be signed.*					
VA	Signature: Dixie Ne	Signature: Dixie Newsome		Date: 08/30/2017			
W 172683	Name (type or print	Name (type or print): Dixie Newsome		Title: Licensing Manager			
rocessed 08/30/2017 * Electronically provided signatures are accepted as original signatures.							