No. <b>W 155963</b>		Due no later than Sep 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:	Annual Report Form			C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705  3. New Registered Agent Signature:*			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080	1. Mailing Address: Correct in this box if needed.  EUCLID EXECUTIVE LIABILITY MANAGERS, LLC 234 SPRING LAKE DR ITASCA IL 60143						
NO FILING FEE IF RECEIVED BY DUE DATE			3				
4. Limited Liability Companies: Enter N	ames and Addresses of a	t least one Member or Manager.					
Office Held Name		Street or PO Address		City	State	Country	Postal Code
MEMBER JAMES G SEYMOUR		234 SPRING LAKE DRIVE		ITASCA	IL	USA	60143
5. Organized Under the Laws of:	6. Annual Report must be signed.*						
DE	Signature: JAMES G. SEYMOUR			Date: 08/16/2017			
W 155963	Name (type or print): JAMES G. SEYMOUR			Title: MEMBER			
Processed 08/16/2017	* Electronically provided signatures are accepted as original signatures.						