

No. <b>W 38161</b>		<b>Due no later than Mar 31, 2017</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b> BOULDER CLAIMS, LLC 385 INTERLOCKEN CRESCENT SUITE 1100 BROOMFIELD CO 80021		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 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, LLC	385 INTERLOCKEN CRESCENT SUITE 1100	BROOMFIELD	CO	USA	80021	
5. Organized Under the Laws of:  <b>DE W 38161</b>		6. Annual Report must be signed.* Signature: MATT SMITH Name (type or print): MATT SMITH Date: 03/21/2017 Title: ANNUAL REPORT SIGNER					
Processed 03/21/2017		* Electronically provided signatures are accepted as original signatures.					