

No. C 174952		Due no later than Sep 30, 2016 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 NO FILING FEE IF RECEIVED BY DUE DATE		1. Mailing Address: Correct in this box if needed. WFG NATIONAL TITLE INSURANCE COMPANY 12909 SW 68TH PARKWAY SUITE 350 PORTLAND OR 97223		CT CORPORATION SYSTEM 300 N 6TH ST BOISE ID 83702			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
DIRECTOR	CINDY TUCKER	12909 SW 68TH PARKWAY SUITE 350	PORTLAND	OR	USA	97223	
DIRECTOR	PATRICK STONE	12909 SW 68TH PARKWAY SUITE 350	PORTLAND	OR	USA	97223	
DIRECTOR	STEVEN OZONIAN	12909 SW 68TH PARKWAY SUITE 350	PORTLAND	OR	USA	97223	
DIRECTOR	JOSEPH MCCABE	12909 SW 68TH PARKWAY SUITE 350	PORTLAND	OR	USA	97223	
DIRECTOR	MICHAEL GALLAHER	12909 SW 68TH PARKWAY SUITE 350	PORTLAND	OR	USA	97223	
TREASURER	MICHAEL GALLAHER	12909 SW 68TH PARKWAY SUITE 350	PORTLAND	OR	USA	97223	
SECRETARY	JOSEPH MCCABE	12909 SW 68TH PARKWAY SUITE 350	PORTLAND	OR	USA	97223	
PRESIDENT	STEVEN OZONIAN	12909 SW 68TH PARKWAY SUITE 350	PORTLAND	OR	USA	97223	
5. Organized Under the Laws of: SC C 174952		6. Annual Report must be signed.* Signature: Kelly Lettmann Name (type or print): Kelly Lettmann					
		Date: 08/16/2016 Title: POA					
Processed 08/16/2016 * Electronically provided signatures are accepted as original signatures.							