No. W 123996		Due no later than Apr 30, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. ALTA RISK, LLC 4725 PIEDMONT ROW DRIVE SUITE 600		921 S ORCHARD ST STE G BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE		CHARLOTTE NC 28210 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Compani	es: Enter Nar	mes and Addresses of a	at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER	SCOTT M. PURVIANCE		4725 PIEDMONT ROW DRIVE SUITE 600	CHARLOTTE	NC	USA	28210
MANAGER	MICHAEL STI	EVEN DECARLO	4725 PIEDMONT ROW DRIVE SUITE 600	CHARLOTTE	NC	USA	28210
5. Organized Under the Laws of: 6. Ar		6. Annual Report must be signed.*					
NC W 123996		Signature: Kelly Let	Date: 03/17/2017				
		Name (type or prin	Title: POA				
Processed 03/17/2017	ed 03/17/2017 * Electronically provided signatures are accepted as original signatures.						