No. C 104217		Due no later than Dec 31, 2014		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 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. STUDENT ASSURANCE SERVICES, INC. MARK L DESCH PO BOX 196		BOISE 8370				
NO FILING FEE IF RECEIVED BY DUE DATE		STILLWATER MN 55082 USA						
4. Corporations: Enter Na	mes and Busin	ess Addresses of President	dent, Secretary, and Directors. Treasu	rer (optional).				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
DIRECTOR DIRECTOR TREASURER PRESIDENT SECRETARY	MARK L DESCH GLORIA M DESCH DAVID M DESCH MARK L DESCH GLORIA M DESCH		9985 ARCOLA CRT 9985 ARCOLA CRT 689 HIDDEN VALLEY CRT 9985 ARCOLA CRT 9985 ARCOLA CRT	STILLWATER STILLWATER STILLWATER STILLWATER STILLWATER	MN MN MN MN	USA USA USA USA USA	55082 55082 55082 55082 55082	
5. Organized Under the Laws of: MN C 104217		6. Annual Report must be signed.* Signature: Mark Desch Name (type or print): Mark Desch			Date: 12/01/2014 Title: President			
Processed 12/01/2014		Electronically provided signatures are accepted as original signatures.						