| No. W 25332 | | | Due no later than Aug 31, 2010 | 2. Registered Agent and Address (NO PO BOX) | | | |
|--|------------|--|--|--|-------|---------|-------------|
| Return to: | | Annual Report Form | | INCORP SERVICES, INC. 921 S ORCHARD ST STE G BOISE ID 83705 USA 3. New Registered Agent Signature:* | | | |
| 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. XPRESS CASH FINANCIAL SERVICES OF NORTHWEST, LLC PAUL HOFFER XPRESS CASH FINANCIAL SERVICES PO BOX 124 BROKAW WI 54417-0124 USA | | | | | |
| | | | | | | | |
| Office Held | Name | | Street or PO Address | City | State | Country | Postal Code |
| MANAGER | PAUL HOFFE | ΞR | PO BOX 124 | BROKAW | WI | USA | 54417-0124 |
| MANAGER | DOUG WEST | Γ | PO BOX 124 | BROKAW | WI | USA | 54417-0124 |
| MANAGER DERRICK BU | | | PO BOX 124 | BROKAW | WI | USA | 54417-0124 |
| MANAGER | TIM BACKES | | PO BOX 124 | BROKAW | WI | USA | 54417-0124 |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| WI W 25332 | | Signature: Paul Hoffer | | Date: 06/16/2010 | | | |
| | | Name (type or print): Paul Hoffer | | Title: Manager & CFO | | | |
| Processed 06/16/20 | 10 | * Electronical | lly provided signatures are accepted as original sig | natures. | | | |