SUBSTITUTE CONTROL OF		ater than Apr 30, 2017	2. Registered Agent and Address (NO PO BOX)				
Return to:	Ann	Annual Report Form		CORPORATION SERVICE COMPANY			
SECRETARY OF STATE	1. Mailing Addres	1. Mailing Address: Correct in this box if needed.		12550 W EXPLORER DR STE 100 BOISE ID 83713			
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		TEXAS MUNICIPAL PLANS CONSORTIUM, L.L.C. 197 CLARENDON STREET C-08-99 BOSTON MA 02116 USA		DOISE ID 03/13			
	BOSTON MA 0211			3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE	USA						
4. Limited Liability Companies: Ente	er Names and Addresses of a	t least one Member or Manager.					
Office Held Name		Street or PO Address	City	State	Country	Postal Code	
I MANAGER	NAGER HANCOCK NATURAL RESOURCE GROUP, INC.		BOSTON	MA	USA	02116	
5. Organized Under the Laws of: 6. Annual Rep		port must be signed.*					
DE	Signature: MARGAR	Signature: MARGARET BEAGEN		Date: 04/21/2017			
W 151039	Name (type or print)	Name (type or print): MARGARET BEAGEN		Title: AUTHORIZED PERSON			
Processed 04/21/2017	* Electronically provide	* Electronically provided signatures are accepted as original signatures.					