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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------|
| но. W 29931 | Reinstatement Annual Report Form ADMIN DISSOLVED 07/26/2017 | 2. Registered Agent and Office (NOT A P.O. BOX) |
| Return to: | <u> </u> | C T CORPORATION SYSTEM |
| SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080 | 1. Mailing Address: Correct in this box if needed. SPECIALTY RISK SERVICES, LLC JASON P HOOD 1100 RIDGEWAY LOOP ROAD MEMPHIS TN 38120 | 921 S ORCHARD ST STE G BOISE ID 83705 USA |
| | | 3. New Registered Agent Signature. |
| REINSTATEMENT FEE DUE: \$30.00 | | |
| 4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members See Instructions Manager or Member Name Street or PD Address City State Country Postal Code | | |
| | | · • · · · · · · · · · · · · · · · · |
| Manager Member Jason P. Hood, 1100 Ridgeway Loop Road, Memphis, TN 38120 | | |
| Manager Member Henry C. Lyons, 1100 Ridgeway Loop Road, Memphis, TN 38120 | | |
| Manager Member | | · |
| Manager Member | | |
| 5 Organized Under the Lav | vs of; 6. | |
| IDAHO | Signature. | Date. |
| - 1 1 | Brot. 1 took | 3/1/17 |
| W 29931 | Name (type or print): | Title |
| | Jason P. Hood | Manager |
| Issued 08/07/2017 by online | | |