No. C 186036		Due no later than Feb 29, 2016	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form	NATIONAL REGISTERED AGENTS INC			
SECRETARY OF STATE		1. Mailing Address: Correct in this box if needed.		921 S ORCHARD ST STE G		
700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		AMERICAN WORKERS INSURANCE SERVICES, INC. SARAH RABIE 10878 WESTHEIMER RD. #191 HOUSTON TX 77042	BOISE ID 83705 3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE						
4. Corporations: Enter I	Names and Busin	ess Addresses of President, Secretary, and Directors. Treasurer	(optional).			
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
DIRECTOR	SARAH RAB	E 10878 WESTHEIMER RD. #191	HOUSTON	TX	USA	77042
PRESIDENT	SARAH RAB	E 10878 WESTHEIMER RD. #191	HOUSTON	TX	USA	77042
SECRETARY	SARAH RAB	E 10878 WESTHEIMER RD. #191	HOUSTON	TX	USA	77042
5. Organized Under the Laws of:		6. Annual Report must be signed.*				
TX C 186036		Signature: Sarah Rabie Date: 02/21/2016				
		Name (type or print): Sarah Rabie Title: President				
Processed 02/21/2016 * Electronically provided signatures are accepted as original signatures.						