No. W 123894		D	ue no later than Apr 30, 2018	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form			C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 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. CETERA ADVISORS INSURANCE SERVICES LLC DANA THOMSEN 400 FIRST ST SOUTH STE 300 ST CLOUD MN 56301		BOISE ID 83				
NO FILING FEE IF RECEIVED BY DUE DATE		31 CLOSD 111V 30301						
4. Limited Liability C	Companies: Enter Na	mes and Address	ses of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	STANLEY SMILEY LEANN RUMMEL		200 N SEPULVEDA BLVD 400 1ST ST SOUTH STE 300	EL SEGUNDO ST CLOUD	CA MN	USA USA	90245 56301	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 123894		Signature: GREG OLSON			Date: 04/09/2018			
		Name (type	or print): GREG OLSON	Title: ASSIST	Title: ASSISTANT SECRETARY			
Processed 04/09/20)18	* Electronically	provided signatures are accepted as original s	signatures.				