

No. <b>W 125712</b>		Due no later than May 31, 2016 <b>Annual Report Form</b>		2. Registered Agent and Address <b>(NO PO BOX)</b>			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  TST INSURANCE SERVICES, LLC 1605 EAST CAPITAL AVE. BISMARCK ND 58501		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
				3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
MANAGER	CRAIG GOLDADE	1605 E CAPITOL AVE	BISMARCK	ND	USA	58501	
5. Organized Under the Laws of:  <b>ND W 125712</b>		6. Annual Report must be signed.* Signature: Craig Goldade Name (type or print): Craig Goldade Date: 05/16/2016 Title: Manager					
Processed 05/16/2016		* Electronically provided signatures are accepted as original signatures.					