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| No. W 71881 | Due no later than Mar 31, 2015 Annual Report Form | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | 1. Mailing Address: Correct in this box if needed. XS SPECIALTY LLC JOHN PIERCE 6312 SW CAPITOL HWY #437 PORTLAND OR 97239 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE 83705 | | | |
| | | | 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 | JOHN PIERCE | 6312 SW CAPITOL HWY #437 | PORTLAND | OR | | 97239 |
| 5. Organized Under the Laws of: OR W 71881 | | 6. Annual Report must be signed.* Signature: John Pierce Name (type or print): John Pierce Date: 02/06/2015 Title: Mg Mbr | | | | |
| Processed 02/06/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | |