

No. W 118266		Due no later than Oct 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		1. Mailing Address: Correct in this box if needed. US ADMINISTRATOR CLAIMS, LLC ROBERT AROWOOD 800 OAK RIDGE TPKE STE A1000 OAK RIDGE TN 37830		CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	WILLIAM M AROWOOD	800 OAK RIDGE TURNPIKE SUITE A-1000	OAK RIDGE	TN	USA	37830	
MEMBER	ROBERT J AROWOOD	800 OAK RIDGE TURNPIKE SUITE A-1000	OAK RIDGE	TN	USA	37830	
5. Organized Under the Laws of: GA W 118266		6. Annual Report must be signed.* Signature: ROBERT J AROWOOD Name (type or print): ROBERT J AROWOOD					
		Date: 09/30/2015 Title: MEMBER					
Processed 09/30/2015 * Electronically provided signatures are accepted as original signatures.							