


No. W 160905		Due no later than Jan 31, 2017 Annual Report Form		2. Registered Agent and Office (NOT A P.O. BOX) CORPORATION SERVICE COMPANY 12550 W EXPLORER DR STE 100 BOISE ID 83713 USA	
Return to: SECRETARY OF STATE 450 N 4th STREET PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. SCRIPT RELIEF LLC WHITMAN BREED ABBOTT & MORGAN LLC ATTN: KATHRYN T O'NEILL 500 WEST PUTNAM AVENUE GREENWICH CT 06830		3. <u>New</u> Registered Agent Signature.	
NO FILING FEE IF RECEIVED BY DUE DATE					
4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.					
Manager or Member	Name	Street or PO Address	City	State	Country Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Michael Loeb	712 Fifth Ave., 14th Floor	New York	NY	USA 10019
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Richard Vogel	712 Fifth Ave., 14th Floor	New York	NY	USA 10019
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Keith Gollust	712 Fifth Ave., 14th Floor	New York	NY	USA 10019
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Edward Lagerstrom	11020 Optum Circle	Eden Prairie	MN	USA 55344
5. Organized Under the Laws of: DELAWARE W 160905		6. Signature:  Name (type or print): Richard Vogel Title: Manager Date: _____			
Issued 11/23/2016 by online		101189			

INSTRUCTIONS FOR THE IDAHO ANNUAL REPORT FORM

Block 1: Entity name may not be altered through the use of this form. Pay special attention to the mailing address. If the correct mailing address is not given in Block 1, strike it out and write in the correct address. Note: To ensure future mailings, the corrected address must be inside Block 1.

Block 2: To change the registered agent or office, strike the incorrect information and write in the correct information. Note: The office of the registered agent must be at a street address in Idaho, not a Post Office Box or Personal Mail Box.

Block 3: Only a new registered agent must sign in Block 3.

Block 4: Check either Member or Manager. Enter names and business addresses of managers or members of the limited liability company. Note: DO NOT put "same as last year" or "same as above". These will not be accepted. Changes here will not affect the address in Block 1. If more space is needed please add an attachment.

Block 5: May not be altered through the use of this form.

Block 6: The annual report must be signed by a person authorized to represent the limited liability company. Print or type the name of the signer below the signature.

** The Image of this form will be available on the Internet once it has been filed. DO NOT enter Social Security numbers.

If the limited liability company is no longer doing business in Idaho, you may file the appropriate form. Forms are available on the website at www.sos.idaho.gov. However, if no timely annual report is filed, administrative action will be taken, at no cost to the limited liability company to terminate the legal existence. If you have any questions contact the Commercial Division at (208) 334-2301.

If the document is incorrect, is there a telephone number to reach you for corrections? _____

POSTMARK DATES WILL NOT BE ACCEPTED

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Attachment to Annual Report Form

4. Limited Liability Companies: Enter Names and Addresses of Managers OR Members. See Instructions.

Manager or Member	Name	Street or PO Address	City	State	Country	Postal Code
Manager <input checked="" type="checkbox"/> Member <input type="checkbox"/>	Anthony Perkins	300 N. LaSalle, Suite 1600	Chicago	IL	USA	60654