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|--|--------------------|--|------------|--|---------|------------------|--|
| No. W 105044 | | Due no later than Jul 31, 2015 | | 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. NMC FRANCHISING, L.L.C. CAROLE GATTEN 2124 UNIVERSITY AVE. W. SAINT PAUL MN 55114 USA | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 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 | CHRISTOPHER W REID | 2124 UNIVERSITY AVE W | SAINT PAUL | MN | USA | 55114 | |
| 5. Organized Under the Laws of: | | 6. Annual Report must be signed.* | | | | | |
| DE W 105044 | | Signature: CHRISTOPHER W REID | | | | Date: 06/24/2015 | |
| | | Name (type or print): CHRISTOPHER W REID | | | | Title: MANAGER | |
| Processed 06/24/2015 | | * Electronically provided signatures are accepted as original signatures. | | | | | |