No. <b>W 5477</b>		Due no later than Jan 31, 2017		2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		CHRISTOPHER POOSER STOEL RIVES, LLP 101 S CAPITAL BLVD STE 1900 BOISE ID 83702			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed.					
		CIVIC PARTNERS 7777 CENTER AV SUITE 230					
		HUNTINGTON BEACH CA 92647-3059		3. <u>New</u> Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE							
4. Limited Liability Companie	es: Enter Nai	mes and Addresses o	of at least one Member or Manager.				
Office Held	Name		Street or PO Address	City	State	Country	Postal Code
MANAGER STEVEN P SEMINGS		SEMINGSON	7777 CENTER AVENUE SUITE 230	HUNTINGTON BEACH	CA		92647
E. Organized Under the Lau	ws of:	6 Annual Bonart m	uct he cigned *				
5. Organized Under the Laws of:		6. Annual Report must be signed.*					
ID W 5477		Signature: Shelly La Ruffa		Date: 11/21/2016			
		Name (type or print): Shelly La Ruffa		Title: Authorized Representative			
Processed 11/21/2016		* Electronically provided signatures are accepted as original signatures.					