No. W 123903		D	ue no later than Apr 30, 2017	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:		Annual Report Form		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*				
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CETERA INSURANCE AGENCY LLC DANA THOMSEN 400 FIRST ST S STE 300						
NO FILING FEE IF RECEIVED BY DUE DATE		ST CLOUD MN 56301						
4. Limited Liability Com	panies: Enter Na	mes and Address	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MANAGER MANAGER	LEANN RUMMEL STANLEY SMILEY		400 1ST ST SOUTH STE 300 200 N SEPULVEDA BLVD STE 1200	ST CLOUD EL SEGUNDO	MN CA	USA USA	56301 90245	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
DE W 123903		Signature: GREG OLSON		Date: 04/19/2017				
		Name (type or print): GREG OLSON Title: ASSISTANT SECRETARY						
Processed 04/19/2017		* Electronically p	provided signatures are accepted as original sign	gnatures.				