| No. <b>W 130984</b>  |             | Due no later than Nov 30, 2015   |                             | 2. Registered A  | 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 |             | Annual Report Form  1. Mailing Address: Correct in this box if needed.  INTERMEDIATE AID CO LLC C/O LEGAL DEPT 330 N. WABASH AVE SUITE 3700 CHICAGO IL 60611 |                             | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705-6061  3. New Registered Agent Signature:* |   |     |       |  |                  |                      |                                 |      |       |         |             |
|  |             |  |                             |  |   |     |       | <ol><li>Limited Liability Comp</li></ol> | oanies: Enter Na | mes and Addresses of | at least one Member or Manager. |      |       |         |             |
|  |             |  |                             |  |   |     |       | Office Held                              | Name             |                      | Street or PO Address            | City | State | Country | Postal Code |
| MEMBER   | AID HOLDING | SS LLC   | 330 N WABASH AVE SUITE 3700 | CHICAGO  | IL  | USA | 60611 |  |                  |                      |                                 |      |       |         |             |
| 5. Organized Under the Laws of:  |             | 6. Annual Report must be signed.*  |                             |  |   |     |       |  |                  |                      |                                 |      |       |         |             |
| DE<br>W 130984   |             | Signature: Daniel Guill  |                             | Date: 10/06/2015   |   |     |       |  |                  |                      |                                 |      |       |         |             |
|  |             | Name (type or print): Daniel Guill   |                             | Title: Authorized Officer  |   |     |       |  |                  |                      |                                 |      |       |         |             |
| Processed 10/06/2015   |             | * Electronically provided signatures are accepted as original signatures.  |                             |  |   |     |       |  |                  |                      |                                 |      |       |         |             |