No. W 146931		Due	2. Registered Ag	2. Registered Agent and Address (NO PO BOX)				
Return to:		Annual Report Form			C T CORPORATION SYSTEM			
SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. CREATIVE RISK SOLUTIONS, LLC MICHELLE WILSON 3001 WESTOWN PKWY WEST DES MOINES IA 50266		921 S ORCHARD ST STE G BOISE ID 83705 3. New Registered Agent Signature:*				
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Co	ompanies: Enter Nai	mes and Addresses	of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER	ELLEN A. W	/ILLADSEN	3001 WESTOWN PARKWAY	WEST DES MOINES	IA	USA	50266	
MANAGER	TERESA L S	SPORER	3001 WESTOWN PARKWAY	WEST DES MOINES	IA	USA	50266	
MANAGER	DANIEL T KEOUGH		3001 WESTOWN PARKWAY	WEST DES MOINES	IA	USA	50266	
5. Organized Under	the Laws of:	6. Annual Report r	must be signed.*					
IA W 146931		Signature: Michelle Wilson		Date: 11/24/2015				
		Name (type or print): Michelle Wilson		Title: Corp. Compliance Administrator				
Processed 11/24/201	15	* Electronically pro	vided signatures are accepted as origina	al signatures.				