

No. W 71881		Due no later than Mar 31, 2013		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. XS SPECIALTY LLC JOHN PIERCE 6312 SW CAPITOL HWY #437 PORTLAND OR 97239		CT CORPORATION SYSTEM 1111 W JEFFERSON STE 530 BOISE ID 83702 USA	
				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	JOHN PIERCE	6312 SW CAPITOL HWY #437	PORTLAND	OR	USA 97239
5. Organized Under the Laws of: OR W 71881		6. Annual Report must be signed.* Signature: John Pierce Name (type or print): John Pierce Date: 01/21/2013 Title: Managing Member			
Processed 01/21/2013		* Electronically provided signatures are accepted as original signatures.			