

No. W 146618		Due no later than Jan 31, 2016 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		1. Mailing Address: Correct in this box if needed. KNIGHT TRANSPORTATION INSURANCE SERVICES, LLC 150 NORTHWEST POINT BLVD ELK GROVE VILLAGE IL 60007		C T CORPORATION SYSTEM 921 S ORCHARD ST STE G 2ND FL BOISE ID 83705			
NO FILING FEE IF RECEIVED BY DUE DATE				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	
MEMBER	AVALON RISK MANAGEMENT INSURANCE AGENCY LLC	150 NORTHWEST POINT BLVD	ELK GROVE VILLAGE	IL	USA	60007	
5. Organized Under the Laws of: DE W 146618		6. Annual Report must be signed.* Signature: Michelle Donato Name (type or print): Michelle Donato					
Processed 12/09/2015		* Electronically provided signatures are accepted as original signatures. Date: 12/09/2015 Title: POA					