



STATE OF IDAHO

**STATE OF IOWA
Office of the secretary of state, Phil McGrane
ANNUAL REPORT**

Idaho Secretary of State
PO Box 83720
Boise, ID 83720-0080
(208) 334-2301
Filing Fee: \$0.00

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-FILED-

File #: 0005724352

Date Filed: 5/6/2024 8:50:43 AM

| Entity Name and Mailing Address: | | | | | | | | |
|--|---|--|------|-------|------------------|--|--------|--|
| Entity Name: | Q3M Insurance Solutions, LLC | | | | | | | |
| Foreign Name (name in home jurisdiction): | Q3M Insurance Solutions, LLC | | | | | | | |
| The file number of this entity on the records of the Idaho Secretary of State is: | 0004760703 | | | | | | | |
| Address | 8711 UNIVERSITY EAST DRIVE SUITE 200 CHARLOTTE, NC 28213 | | | | | | | |
| Entity Details: | | | | | | | | |
| Entity Status | Active-Existing | | | | | | | |
| This entity is organized under the laws of: | DELAWARE | | | | | | | |
| If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: | | | | | | | | |
| The registered agent on record is: | | | | | | | | |
| Registered Agent | CORPORATION SERVICE COMPANY Commercial Registered Agent Physical Address 1305 12TH AVE RD NAMPA, ID 83686 Mailing Address 1305 12TH AVE RD NAMPA, ID 83686 | | | | | | | |
| Agent or Address Change | | | | | | | | |
| <input type="checkbox"/> Select if you are appointing a new agent. | | | | | | | | |
| Limited Liability Company Managers and Members | | | | | | | | |
| <table border="1"> <thead> <tr> <th>Name</th> <th>Title</th> <th>Business Address</th> </tr> </thead> <tbody> <tr> <td><input checked="" type="checkbox"/> QUANTUM 3 MEDIA, LLC</td> <td>Member</td> <td>8711 UNIVERSITY EAST DRIVE SUITE 200 CHARLOTTE, NC 28213</td> </tr> </tbody> </table> | | | Name | Title | Business Address | <input checked="" type="checkbox"/> QUANTUM 3 MEDIA, LLC | Member | 8711 UNIVERSITY EAST DRIVE SUITE 200 CHARLOTTE, NC 28213 |
| Name | Title | Business Address | | | | | | |
| <input checked="" type="checkbox"/> QUANTUM 3 MEDIA, LLC | Member | 8711 UNIVERSITY EAST DRIVE SUITE 200 CHARLOTTE, NC 28213 | | | | | | |
| The annual report must be signed by an authorized signer of the entity. | | | | | | | | |
| Job Title: AUTHORIZED PERSON | | | | | | | | |
| <i>LAURIE A. POULOS</i> | | | | | | | | |
| <u>Sign Here</u> | | | | | | | | |
| <i>05/06/2024</i> | | | | | | | | |
| <u>Date</u> | | | | | | | | |