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|---|---------------------|--|---------------|--|---------|-------------|--|
| No. W 8737 | | Due no later than May 31, 2017 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. PARKER SERVICES, L.L.C. PATRICIA MUESKE 1800 N POINT DR STEVENS POINT WI 54481 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G 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 | |
| MANAGER | PETER G. MCPARTLAND | 1800 NORTH POINT DRIVE | STEVENS POINT | WI | USA | 54481 | |
| MANAGER | KENNETH J ERLER | 1800 NORTH POINT DRIVE | STEVENS POINT | WI | USA | 54481 | |
| MANAGER | MICHAEL J. WILLIAMS | 1800 NORTH POINT DRIVE | STEVENS POINT | WI | USA | 54481 | |
| 5. Organized Under the Laws of: WI W 8737 | | 6. Annual Report must be signed.* Signature: Patricia Mueske Name (type or print): Patricia Mueske | | | | | |
| | | Date: 03/21/2017 Title: Authorized Filer | | | | | |
| Processed 03/21/2017 * Electronically provided signatures are accepted as original signatures. | | | | | | | |