| No. <b>W 88779</b>   |                                  | Due no later than Dec 31, 2016   |  | 2. Registered Ag                           | 2. Registered Agent and Address (NO PO BOX)                          |            |                |  |
|--|----------------------------------|--|--|--|--|------------|----------------|--|
| Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080            |                                  | Annual Report Form  1. Mailing Address: Correct in this box if needed.  N.E.W. WIRELESS & INSURANCE SERVICES, LLC NIKKI BROWN 8880 WARD PARKWAY 5TH FLOOR KANSAS CITY MO 64114  mes and Addresses of at least one Member or Manager. |  | 921 S ORCHA<br>BOISE ID 83                 | NATIONAL REGISTERED AGENTS INC 921 S ORCHARD ST STE G BOISE ID 83705 |            |                |  |
| NO FILING FEE IF RECEIVED BY DUE DATE  4. Limited Liability Companies: Enter Nar               |                                  |  |  | 3. <u>New</u> Registered Agent Signature:* |  |            |                |  |
| Office Held  | Name                             | nes and Addresse   | Street or PO Address                                   | City                                       | State  | Country    | Postal Code    |  |
| MANAGER<br>MANAGER   | MARK S GUNNING<br>KEVIN M TAWEEL |  | 648 GRASSMERE PARK, STE. 100<br>160 BOVET RD. STE. 402 | NASHVILLE<br>SAN MATEO                     | TN<br>CA   | USA<br>USA | 37211<br>37211 |  |
| 5. Organized Under the Laws of:  |                                  | 6. Annual Report must be signed.*  |  |  |  |            |                |  |
| DE   |                                  | Signature: Ma  | Date: 11/03/2016                                       |  |  |            |                |  |
| W 88779  |                                  | Name (type o   |  | Title: Manager                             |  |            |                |  |
| Processed 11/03/2016 * Electronically provided signatures are accepted as original signatures. |                                  |  |  |  |  |            |                |  |