

No. <b>W 96061</b>		<b>Due no later than Aug 31, 2015</b> <b>Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		<b>1. Mailing Address: Correct in this box if needed.</b>  CONOVER INSURANCE SERVICES, LLC TIFFINY J SANDQUIST PO BOX 90007 BELLEVUE WA 98009		INCORP SERVICES, INC. 1524 S VISTA AVE STE 12 BOISE ID 83705			
<b>NO FILING FEE IF RECEIVED BY DUE DATE</b>				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	BRAVO DELTA RISK INC.	PO BOX 62	MEDINA	WA	USA	98039	
MEMBER	CONOVER MANAGEMENT CORP	218 MAIN STREET #460	KIRKLAND	WA	USA	98033	
5. Organized Under the Laws of:  <b>DE</b> <b>W 96061</b>		6. Annual Report must be signed.*  Signature: Bradley D Green Name (type or print): Bradley D Green  Date: 07/08/2015 Title: President of Bravo Delta Risk					
Processed 07/08/2015 * Electronically provided signatures are accepted as original signatures.							