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|--|--------------------|---|---------|--|---------|-------------|--|
| No. W 131260 | | Due no later than Nov 30, 2016 | | 2. Registered Agent and Address (NO PO BOX) | | | |
| Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE | | 1. Mailing Address: Correct in this box if needed. CCATT LLC LYNN HOWELL 1220 AUGUSTA DRIVE STE 600 HOUSTON TX 77057 | | C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 | | | |
| | | | | 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 | JAY A BROWN | 1220 AUGUSTA SUITE 600 | HOUSTON | TX | USA | 77057 | |
| MANAGER | KENNETH J SIMON | 1220 AUGUSTA DRIVE SUITE 600 | HOUSTON | TX | USA | 77057 | |
| MANAGER | DANIEL K SCHLANGER | 1220 AUGUSTA DRIVE SUITE 600 | HOUSTON | TX | USA | 77057 | |
| 5. Organized Under the Laws of: DE W 131260 | | 6. Annual Report must be signed.* Signature: LYNN HOWELL Name (type or print): LYNN HOWELL Date: 10/11/2016 Title: ASST SECRETARY | | | | | |
| Processed 10/11/2016 | | * Electronically provided signatures are accepted as original signatures. | | | | | |