No. **W 125712**	**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 **NO FILING FEE IF RECEIVED BY DUE DATE**	**1. Mailing Address: Correct in this box if needed.** TST INSURANCE SERVICES, LLC 1605 E CAPITOL AVE BISMARCK ND 58501 USA	C T CORPORATION SYSTEM 921 S ORCHARD ST STE G BOISE ID 83705 3. New 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	CRAIG GOLDADE	1605 E CAPITOL AVE	BISMARCK	ND	USA	58501

5. Organized Under the Laws of:	6. Annual Report must be signed.*	
ND **W 125712**	Signature: Kelly Lettmann	Date: 05/02/2017
	Name (type or print): Kelly Lettmann	Title: POA

Processed 05/02/2017

* Electronically provided signatures are accepted as original signatures.