


2019 – ANNUAL REPORT INSTRUCTION FORM

(West Virginia LLCs)

IMPORTANT! FOLLOW INSTRUCTIONS EXACTLY WHEN COMPLETING THIS FORM. PLEASE PRINT.

Customer ID Number [REDACTED]	Notice Date [REDACTED]	Sec. of State Control Number [REDACTED]	Formation Date [REDACTED]
Business Address [REDACTED]			
			Please Respond By: 1/11/19

West Virginia laws require every limited liability company authorized to transact business in the State to timely file an annual report every year. If [REDACTED] does not file an annual report, it may be at risk for penalties.

WEST VIRGINIA CODE §31B-2-211: "A limited liability company, and a foreign limited liability company authorized to transact business in this state, shall deliver to the Secretary of State for filing an annual report..."

If the business entity is still in use, Workplace Compliance Services, a private entity, will assist for a fee in the filing of your annual report.

WORKPLACE COMPLIANCE SERVICES IS NOT A GOVERNMENT AGENCY AND DOES NOT HAVE A CONTRACT WITH ANY GOVERNMENTAL AGENCY TO PROVIDE THIS SERVICE.

To utilize this service, follow the steps below. Workplace Compliance Services will not disclose any information about your business to any third-party, including competitors, unless required by law. Mail the completed form with **\$100** in the enclosed envelope. **Please respond today!**

STEP 1. Verify the accuracy of the pre-printed business information. Make any necessary changes and complete any missing information.

Name of Organization [REDACTED]				Incorporation or Qualification Date [REDACTED]	
In Which State [REDACTED]	County [REDACTED]	County Code [REDACTED]	Tax ID Number [REDACTED]	Business Class Code [REDACTED]	
Business Purpose Code [REDACTED]	Total Number of Employees [REDACTED]	Total Number that are WV residents [REDACTED]	Website Address of the Business [REDACTED]		
Principal Office Address [REDACTED]					
Principal Mailing Address [REDACTED]					

STEP 2. Agent of Process (make changes where necessary)

Agent Name [REDACTED]	<input type="checkbox"/> Member <input type="checkbox"/> Power of Attorney
Agent Address [REDACTED]	
*If New Agent, furnish New Agent's signature:	

STEP 3. Answer the following questions about your business. If you decline to answer any, simply leave blank.

Is this a minority-owned business?	
Is this a woman-owned business?	
Do you own or operate more than one business in WV? If "YES"... A. How many businesses? _____ B. Located in how many WV counties? _____	
Are any employees currently serving or have served in the United States Armed Forces? If "YES"... Enter the total number of veterans it employs _____	
Does the owner of the organization currently serve or has served as a member of the United States Armed Forces?	
Are you a metal scrapper?	

STEP 4. Is your business manager-managed or member-managed? Provide the managers or members on the reverse.

[REDACTED]

STEP 5. PAYMENT INFORMATION Complete payment to file your annual report.

\$25 – State Fee + \$75 – Processing Fee \$100 – TOTAL	Please make your check payable to: WORKPLACE COMPLIANCE SERVICES 3501 MacCorkle Ave. SE #152 Charleston, WV 25304	Further assistance: Call (877) 770-3555 <i>All orders will be fulfilled and shipped from our corporate office in Lansing, MI</i>
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STEP 6. Authorization and Contact Information (to be signed by an authorized manager of a manager-managed LLC or authorized member of a member-managed LLC)

I certify the information provided is true. I further certify that I am a member or manager or individual holding a power-of-attorney and am duly authorized to file this report on behalf of this limited liability company, as required by West Virginia Code §31B-2-211.
 I authorize an electronic signature on behalf of the LLC. I understand that Workplace Compliance Services is not a government agency and is not providing legal advice.

Signature **REQUIRED** (to be signed by an officer or registered agent) [REDACTED]	Print Name Clearly [REDACTED]
Email [REDACTED]	Phone [REDACTED]
	Date [REDACTED]