2. Exact Name of the Limited Liability Company Goldleaf Surety Services, LLC  3. State of Formation State: MN  4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Surety  5. Principal Office Address No. and Street: 3246 E HWY 7, SUITE 150 City or Town: MONTEVIDEO State: MN Zip: 58265 Country: USA  6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 3246 E HWY 7 SUITE 150	RALPH MO	State of Phode Isla			
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Initial Lishility Company Annual Report Within thirty (30) days after the time prescribed by law (R.I.G.L. 2.1-66((k2)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2010         1. ID No. 000505619         2. Exact Name of the Limited Liability Company Goldleaf Surety Services, LLC         3. State of Formation State: MN         State: MN         4. Friedelick Address         No. and Street: 3246 E HWY 7, SUTTE 150 City or Town: MONTEVIDEO         State: MN         Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 3246 E HWY 7, SUTTE 150 City or Town: MONTEVIDEO         State: MN         Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 3246 E HWY 7, SUTTE 150 City or Town: MONTEVIDEO         State: MN         Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title Individual Name Address MONTEVIDEO. MN 58285 USA					S Fee: \$50.0
148 W. River Street Providence RI 02904-2615 (401) 222-3040         Initial Liability Company Mula Report         Initial Company Initial Report With RJ.G.L. 7-16-66(d), each limited liability company failing or refusing to le its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 2.16-66(b&C)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2010         1. ID No.       000505619         2. Exact Name of the Limited Liability Company Goldleaf Surety Services, LLC         3. State of Formation         State: MN         A. Forincipal Office Address         No, and Street:         3246 E HWY 7, SUITE 150         City or Town:         MONTEVIDEO         State: MN         Address of Limited Liability Company and Name or Title of Contact Person:         Contact Name: Contact Title:         Name and Address of Each Manager of the Limited Liability Company, if Applicable.         Do Not LIST MEMBERS         Title       Individual Name <td< th=""><th></th><th>Divisio</th><th>on Of Business Service</th><th>s</th><th></th></td<>		Divisio	on Of Business Service	s	
(401) 222-3040         Limited Liability Company Prince         Will Period: September 1 - November 1         n accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to le its anual report within thirty (30) days after the time prescribed by law (R.I.G.L. *16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2010         1. ID No. 000505619         2. Exact Name of the Limited Liability Company Goldleaf Surety Services, LLC         3. State of Formation         State: MN         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Surety         5. Principal Office Address         No. and Street:       3246 E HWY 7, SUITE 150 City or Town:       Country: USA         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. D ONTEVIDEO       State: MN       Zp: 56265       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       D         Title       Individual Name       Address, City or Town, State, Zp Code, Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. D NOT LIST MEMBERS       Address, City or Town, State, Zp Code, Country: USA				5	
Limited Liability Company Annual Report Filing Period: September 1 - November 1 n accordance with R.I.G.L. 7-16-66(d), each limited liability company failing or refusing to lie its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&c)) is subject to a penalty fee of \$25.00. ANNUAL REPORT YEAR: 2010 1. ID No. 000505619 2. Exact Name of the Limited Liability Company Goldleaf Surety Services, LLC 3. State of Formation State: MN 4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island Surety 5. Principal Office Address No. and Street: 3246 E HWY 7, SUITE 150 City or Town: MONTEVIDEO State: MN Zip: 58265 Country: USA 6. Mailing Address of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 3246 E HWY 7 SUITE 150 City or Town: MONTEVIDEO State: MN Zip: 56265 Country: USA 5. Principal Offices of Limited Liability Company and Name or Title of Contact Person: Contact Name: Contact Title: No. and Street: 3246 E HWY 7 SUITE 150 City or Town: MONTEVIDEO State: MN Zip: 56265 Country: USA 7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS Title Individual Name Address Address, City or Town, State, Zip Code, Country MANAGER GOLDLEAF FINANCIAL, LTD. 3246 E HWY 7, SUITE 150 MONTEVIDEO, MN 58265 USA	So Core	Provid	dence RI 02904-2615		
Limited Liability Company Annual Report         Hing Period: September 1 - November 1         in accordance with R.I.G.L. 7-16-66(0), each limited liability company failing or refusing to life its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66(b&o) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2010         1. ID No.       000505619         2. Exact Name of the Limited Liability Company Goldleaf Surety Services, LLC         3. State of Formation         State: MN         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Surety         5. Principal Office Address         No. and Street:       3246 E HWY 7, SUITE 150 City or Town:         MONTEVIDEO       State: MN         6. Mailing Address of Limited Liability Company and Name or Title of Contact Person:         Contact Title: No. and Street:       3246 E HWY 7 SUITE 150 City or Town:         Contact Title: No. and Street:       3246 E HWY 7 SUITE 150 City or Town:         City or Town:       MONTEVIDEO         State: MN       Zip: 56265         Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable. DO NOT LIST MEMBERS         Title       Individual Name First, Middle, Last, Suffix         Address, City or Town, State, Zip Code, Country <tr< td=""><td>Crotane 5</td><td></td><td>(401) 222-3040</td><td></td><td></td></tr<>	Crotane 5		(401) 222-3040		
Annual Report         "ling Period: September 1 - November 1         n accordance with R.I.G.L. 7-16-86(d), each limited liability company failing or refusing to lie its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. *-16-66(b&c)) is subject to a penalty fee of \$25.00.         ANNUAL REPORT YEAR: 2010         1. ID No.       000505619         2. Exact Name of the Limited Liability Company Goldleaf Surety Services, LLC         3. State of Formation         State: MN         4. Brief Description of the Character of the Business Which is Actually Conducted in Rhode Island         Surety         5. Principal Office Address         No. and Street:       3246 E HWY 7, SUITE 150         City or Town:       MONTEVIDEO       State: MN         4. Mailing Address of Limited Liability Company and Name or Title of Contact Person:       Contact Name: Contact Title:         No. and Street:       3246 E HWY 7 SUITE 150       State: MN         City or Town:       MONTEVIDEO       State: MN       Zip: 56265       Country: USA         7. Name and Address of Each Manager of the Limited Liability Company, if Applicable.       DO NOT LIST MEMBERS         Title       Individual Name       Address       Address (List, Zur Town, State, Zur Code, Country)         MANAGER       GOLDLEAF FINANCIAL, LTD.       3246 E HWY 7, SUITE 150       MONTEVIDEO, MN 582			· ·		
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Title       Individual Name       Address         First, Middle, Last, Suffix       Address, City or Town, State, Zip Code, Country         MANAGER       GOLDLEAF FINANCIAL, LTD.       3246 E HWY 7, SUITE 150 MONTEVIDEO, MN 58265 USA	5. Principal Office	<u>3246 E HWY 7, SUITE 15</u>		Zip: <u>58265</u>	Country: <u>USA</u>
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MANAGER GOLDLEAF FINANCIAL, LTD. 3246 E HWY 7, SUITE 150 MONTEVIDEO, MN 58265 USA	5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: C No. and Street: City or Town: 7. Name and Add	<u>3246 E HWY 7, SUITE 15</u> <u>MONTEVIDEO</u> ss of Limited Liability Compa Contact Title: <u>3246 E HWY 7 SUITE 15</u> <u>MONTEVIDEO</u> Iress of Each Manager of the	State: <u>MN</u> Iny and Name or Title	of Contact Per Zip: <u>56265</u>	rson: Country: <u>USA</u>
MONTEVIDEO, MN 58265 USA	<ul> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: Contact Name: Contact Name: Contact Name: Contact Name: Contact Name and Address</li> <li>7. Name and Address</li> <li>7. Name and Address</li> </ul>	<u>3246 E HWY 7, SUITE 15</u> <u>MONTEVIDEO</u> ss of Limited Liability Compa Contact Title: <u>3246 E HWY 7 SUITE 15</u> <u>MONTEVIDEO</u> Iress of Each Manager of the MEMBERS	State: <u>MN</u> State: <u>MN</u> <u>60</u> State: <u>MN</u> E Limited Liability Con	of Contact Per Zip: <u>56265</u> npany, if Appli	cable.
8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER	<ul> <li>5. Principal Office</li> <li>No. and Street:</li> <li>City or Town:</li> <li>6. Mailing Address</li> <li>Contact Name: C</li> <li>No. and Street:</li> <li>City or Town:</li> <li>7. Name and Address</li> </ul>	3246 E HWY 7, SUITE 15         MONTEVIDEO         ss of Limited Liability Compa         Contact Title:         3246 E HWY 7 SUITE 15         MONTEVIDEO         Irress of Each Manager of the MEMBERS         Individual National Statements	State: <u>MN</u> any and Name or Title 50 State: <u>MN</u> e Limited Liability Cor ame	of Contact Per Zip: <u>56265</u> npany, if Appli Addre	country: <u>USA</u>
	5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: C No. and Street: City or Town: 7. Name and Add DO NOT LIST M	3246 E HWY 7, SUITE 15         MONTEVIDEO         ss of Limited Liability Compa         Contact Title:         3246 E HWY 7 SUITE 15         MONTEVIDEO         Iress of Each Manager of the MEMBERS         Individual Na First, Middle, Last,	State: <u>MN</u> State: <u>MN</u> State: <u>MN</u> State: <u>MN</u> Limited Liability Con ame Suffix Addre	of Contact Per Zip: <u>56265</u> npany, if Appli Addre ss, City or Town, Sta 3246 E HWY 7	country: <u>USA</u> cable.
	5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: C No. and Street: City or Town: 7. Name and Add DO NOT LIST M Title MANAGER 8. RESIDENT AGE	3246 E HWY 7, SUITE 15         MONTEVIDEO         ss of Limited Liability Compa         contact Title:         3246 E HWY 7 SUITE 15         MONTEVIDEO         Individual Na         First, Middle, Last,         GOLDLEAF FINANCIA	State: <u>MN</u> State: <u>MN</u> State: <u>MN</u> State: <u>MN</u> Limited Liability Con ame , Suffix Addre AL, LTD.	of Contact Per Zip: <u>56265</u> npany, if Appli Addre ss, City or Town, Sta 3246 E HWY 7	country: <u>USA</u> cable.

<u>02888</u>

## 9. This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

**Signed this 4 Day of September, 2010 at 1:31:50 PM by the authorized person.** *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.* 

## By JACK ANDERSON

Signature of Authorized Person

Form No. 632 Revised 09/07

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