State of New Hampshire
2010 ANNUAL REPORT

The following information shall be given as of January 1 preceeding the due date Pursuant to RSA 304-C:80.

REPORT DUE BY April 1, 2010

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 03/30/2010

Business ID: 584510

William M. Gardner

Secretary of State

WEST BUSINESS SERVICES, LLC

11808 MIRACLE HILL DRIVE

OMAHA, NE 68154

ENTITY TYPE: LLC

BUSINESS ID: 584510

STATE OF DOMICILE: DELAWARE

BUSINESS TO BUSINESS SALES AND ACCOUNT MANAGEMENT SOLUTIONS.

1

ADDRESS OF PRINCIPAL OFFICE:

11808 MIRACLE HILL DRIVE

OMAHA, NE 68154

REGISTERED AGENT AND OFFICE:

LAWYERS INCORPORATING SERVICE

14 CENTRE STREET

CONCORD, NH 03301

2

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐ The new mailing address

☐ The new principal office address

PO Box is acceptable.

3

MANAGERS — **A**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

LIST AT LEAST ONE MANAGER BELOW OR MEMBER ON RIGHT

MANA. **Paul M. Mendlik**
STREET **11808 Miracle Hills Drive**
CITY/STATE/ZIP **Omaha NE 68154**

PRES. **John D. Sanley**
STREET **11808 Miracle Hills Drive**
CITY/STATE/ZIP **Omaha NE 68154**

SEC'Y. **David C. Mussman**
STREET **11808 Miracle Hills Drive**
CITY/STATE/ZIP **Omaha NE 68154**

NAME .....
STREET .....
CITY/STATE/ZIP

MEMBERS — **B**

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

MUST LIST AT LEAST ONE MEMBER BELOW IF NO MANAGERS

DIR. **Thomas B. Barker**
STREET **11808 Miracle Hills Drive**
CITY/STATE/ZIP **Omaha NE 68154**

DIR. **Nancee R. Berger**
STREET **11808 Miracle Hills Drive**
CITY/STATE/ZIP **Omaha NE 68154**

DIR. **Steven M. Stangl**
STREET **11808 Miracle Hills Drive**
CITY/STATE/ZIP **Omaha NE 68154**

NAME .....
STREET .....
CITY/STATE/ZIP

NAMES AND ADDRESSES OF ADDITIONAL MANAGERS/MEMBERS ARE ATTACHED

4

To be signed by the manager, if no manager, must be signed by a member.
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here: **Paul M. Mendlik**

Please print name and title of signer: **Paul M. Mendlik** / **MANAGER**

NAME TITLE

FEE DUE: **$100.00**

E-MAIL ADDRESS (OPTIONAL):

058451020101007

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, P.O. Box 9529, Manchester, NH 03108-9529