

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# M05000006856

Entity Name: PREFER NETWORK, LLC

FILED
Oct 09, 2006
Secretary of State

Current Principal Place of Business:

6300 SHINGLE CREEK PARKWAY
MINNEAPOLIS, MN 55430

New Principal Place of Business:

Current Mailing Address:

6300 SHINGLE CREEK PARKWAY
MINNEAPOLIS, MN 55430

New Mailing Address:

FEI Number: 41-2016983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: CHERYL CONKLIN

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: JOHNSON, KENMORE R
Address: 6300 SHINGLE CREEK PARKWAY
City-St-Zip: MINNEAPOLIS, MN 55430

Title: MGR () Delete
Name: PLATT, DOUG
Address: 6300 SHINGLE CREEK PARKWAY
City-St-Zip: MINNEAPOLIS, MN 55430

Title: MGR () Delete
Name: BRAND, JOHN
Address: 6300 SHINGLE CREEK PARKWAY
City-St-Zip: MINNEAPOLIS, MN 55430

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: LUTH, BILL
Address: 6300 SHINGLE CREEK PARKWAY
City-St-Zip: MINNEAPOLIS, MN 55430

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: JOHN BRAND

MGR

10/09/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date