Filed by Corporations Division Administrator Filing Number: 223741474660 Date: 12/14/2023



|                                                                                                                                                                                                     |                              |                                 | Form Revision Date 07/2016    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------|---------------------------------|-------------------------------|
| ANNUAL STATEMENT                                                                                                                                                                                    |                              |                                 |                               |
| For use by DOMESTIC LIMITED LIABILITY COMPANY                                                                                                                                                       |                              |                                 |                               |
| (Required by Section 207, Act 23, Public Act of 1993)                                                                                                                                               |                              |                                 |                               |
| Identification Number: 80143                                                                                                                                                                        |                              | 801437794                       |                               |
| Annual Statement Filing Year: 2022                                                                                                                                                                  |                              |                                 |                               |
| 1. Limited Liability Compa                                                                                                                                                                          | ny Name <sup>.</sup>         |                                 |                               |
|                                                                                                                                                                                                     |                              |                                 |                               |
| THE NGU COMPANY, L                                                                                                                                                                                  | LC                           |                                 |                               |
|                                                                                                                                                                                                     |                              |                                 |                               |
|                                                                                                                                                                                                     |                              |                                 |                               |
| <ul><li>2. The street address of the limited liability company's registered office and name of the resident agent at that office:</li><li>1. Resident Agent Name: CHRISTOPHER M. WILLIAMS</li></ul> |                              |                                 |                               |
| 2. Street Address:                                                                                                                                                                                  | 801 JOE MANN BLVD.           |                                 |                               |
| Apt/Suite/Other:                                                                                                                                                                                    | SUITE P                      |                                 |                               |
| City:                                                                                                                                                                                               | MIDLAND                      |                                 |                               |
| State:                                                                                                                                                                                              | MI                           | Zip Code: 4864                  | 42                            |
| 3. Mailing address of the registered office:                                                                                                                                                        |                              |                                 |                               |
| P.O. Box or Street                                                                                                                                                                                  | 801 JOE MANN BLVD            |                                 |                               |
| Address:                                                                                                                                                                                            |                              |                                 |                               |
| Apt/Suite/Other:                                                                                                                                                                                    | SUITE P                      |                                 |                               |
| City:<br>State:                                                                                                                                                                                     | MIDLAND                      | Zip Code: 4864                  | 40                            |
| State.                                                                                                                                                                                              | MI                           | Zip Code. 4864                  | 40                            |
| This annual statement mu                                                                                                                                                                            | ust be signed by a member, m | anager, or an authorized agent. |                               |
| Signed this 14th Day of D                                                                                                                                                                           | 9                            |                                 |                               |
| Signature                                                                                                                                                                                           |                              | Title                           | Title if "Other" was selected |
| Christopher Williams                                                                                                                                                                                |                              | Member                          |                               |
|                                                                                                                                                                                                     |                              |                                 |                               |
| By selecting ACCEPT, I hereby acknowledge that this electronic document is being signed in accordance with the Act. I further certify                                                               |                              |                                 |                               |
| that to the best of my knowledge the information provided is true, accurate, and in compliance with the Act.                                                                                        |                              |                                 |                               |
|                                                                                                                                                                                                     |                              | jm Decline jm Accept            |                               |
|                                                                                                                                                                                                     |                              |                                 |                               |

## MICHIGAN DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS FILING ENDORSEMENT

This is to Certify that the 2022 ANNUAL STATEMENT

for

THE NGU COMPANY, LLC

**ID Number:** 801437794

received by electronic transmission on December 14, 2023, is hereby endorsed.

Filed on December 14, 2023, by the Administrator.

The document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.



In testimony whereof, I have hereunto set my hand and affixed the Seal of the Department, in the City of Lansing, this 14th day of December, 2023.

Linda Clegg, Director

Corporations, Securities & Commercial Licensing Bureau